

AMERICAN MEDICAL TIMES

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This division is by no means an arbitrary one, but is demanded by the circumstances of the case, and required for convenience of study and lucidness of understanding. Even the limit of one month given to the third variety is based upon good grounds, for at the end of that time the heretofore hypertrophied uterus having undergone involution so far as to have arrived at nearly its non-pregnant state, any flow taking place thereafter is properly regarded as disconnected with the puerperal condition.

These three distinct periods divide puerperal hemorrhage into three equally distinct varieties, viz.:

Hemorrhage before labor.

Hemorrhage during labor.

Hemorrhage after labor;

or, as they may be styled for convenience of reference,

* Ante-partum hemorrhage.

Parturient

Post-partum

The nature of the course which now occupies us will preclude the investigation of the first of these varieties, and we will proceed at once to that of the second.

Parturient hemorrhage includes every excessive flow occurring during the act of parturition, whatever be its source, its violence, or its results.

SOURCES OF PARTURIENT HEMORRHAGE.

The sources from which this hemorrhage may occur are these:

- (a) The ruptured vessels of the os and cervix uteri.
- (b) " " " " body of the uterus.
- (c) " " " " umbilical cord.
- (d) " " " " vulva.
- (e) " " " which unite the uterus and placenta.

(a) As the os and cervix uteri dilate in the first stage of labor, the arterioles which thickly stud the mucous membrane generally rupture, a small amount of blood pours forth, mingles with the tenacious secretion of the glands of Naboth, and constitutes what has been called, in the language of the lying-in room, the "shew." Sometimes this flow amounts to two or three ounces, but this is exceptional, the rule being that it is just sufficient to thoroughly tinge the mucus with which it mingles. It therefore does not deserve the technical name of hemorrhage, and scarcely ever, we may even say never (unless injury has been done by the introduction of the hand or of instruments) will it do more than alarm a primiparous woman and call for an assurance of the fact just stated, on the part of the physician.

(b) One of the symptoms of rupture of the uterus is a free escape of blood; but recall the terrible symptoms which

* The strict meaning of "ante-partum" is "before having brought forth," and a more exact term would be "ante-parturient," but the connexion will prevent any confusion, and the substitution of a new for an old familiar name is not desirable.

mark that appalling accident, and you will see at a glance that they will at once remove the case from the classification of hemorrhage, and place it in that of the most fatal of the complications of labor. In other words, the gravity of the accompanying symptoms will mask this one entirely, and cast it completely into the shade.

(c) Rupture of the vessels, or of one vessel, of the funis umbilicalis can at this day be no longer a matter of doubt, since in evidence of its occurrence appear the names of Delamotte, Levret, Baudelocque, Næglé, Cazeaux, and many others. It is, however, a rare accident, fortunately for diagnosis, since there are no means other than mere absence of constitutional signs on the part of the woman, by which it could be differentiated from rupture of the utero-placental vessels.

(d) When the flow occurs from rupture of the vessels of the vagina or bulbi vestibuli, it will generally have been the result of some violence, and our attention will likely be drawn to it by the sensation of pain on the part of the patient. Should it not, an examination, digital or ocular, will readily reveal it.

The first of the four causes which have been so far examined into is insufficient to produce a flow really deserving of the denomination of hemorrhage; the second is accompanied by other grave symptoms which make this one a secondary matter; the third and fourth are of very rare occurrence, and it may be safely announced as a rule that *whenever, during labor, a hemorrhage occurs, it arises from partial separation of the placenta from the uterus, and consequent rupture of the utero-placental vessels.*

Varieties.—Generally the placenta is so placed in the uterus that the os may dilate and the child be expelled without its separation being involved in these processes, and it will, under such circumstances, retain its position and the integrity of its attachment, unless some untoward accident, such as a blow or fall, occur to displace it. At other times, however, it is attached to one side of the cervix, or over the entire cervix, so as to prevent the dilatation of this part, through which the child cannot pass as long as it remains closed. Now as the os and cervix *must* be dilated to permit the passage of the child, and as their dilatation *must*, under these circumstances, to a greater or less extent, detach the placenta and rupture the utero-placental vessels, it follows, as a deduction, that hemorrhage thence resulting is not produced by accident, but, *ex necessitate rei*, is unavoidable.

For these reasons, all hemorrhages occurring during labor, have been very properly divided into

1st, Accidental hemorrhage.

2d, Unavoidable hemorrhage.

The second variety, you perceive, is synonymous with placenta prævia, an appellation which defines the unfortunate location of the afterbirth which produces it.

Leaving the subject of placenta prævia and its resulting unavoidable hemorrhage for our next lecture, I will occupy you to-day with the consideration of that variety which is purely the effect of some accident, and which, like every other accident, might, under favorable circumstances, have been avoided.

ACCIDENTAL PARTURIENT HEMORRHAGE.

Frequency and Prognosis.—You will, I imagine, get a much more correct notion of the frequency of accidental hemorrhage, by an examination of the reports of one faithful observer, than by averaging a large number of cases collected in the loose and unreliable manner which ordinarily characterizes the accumulation of statistical evidence. Dr. Collins, during a mastership of the Dublin Lying-in Asylum of seven years, had 16,654 births occur under his supervision, and in this immense number only thirteen cases of this variety of flooding were met with; considerably less than one in one thousand. Small as this proportion is, however, it is larger than it should be for true accidental parturient hemorrhage, since Dr. Collins brought

under the same head all those cases occurring during the three last months of pregnancy and during labor.

Of the thirteen women thus attacked, two died, and both after serious operations; one after version, and the other after craniotomy, so that it is by no means proper to conclude that they died from the hemorrhage. Of the children one only was born alive.

Thus you will perceive that the accident is not of frequent occurrence, that the prognosis for the mother is good, and that that for the child is decidedly bad. I refrain from giving you other statistical statements on this point, from the fact that authors generally confound the two first varieties of hemorrhage together.

Causes.—The pathological state causing the flow, is, as already mentioned, rupture of the vessels which pass from the uterus into the placenta. The causes which bring about such rupture are numerous, since any kind of violence sufficiently great for the separation of the placenta would accomplish it.

The chief are Blows or falls.

Sudden uterine contraction from mental emotion.

Sudden shocks or succussions given to the uterus, as from laughter, vomiting, &c.

Dragging off of the placenta by shortness of the cord, or its repeated winding around the child's neck.

Placental apoplexy occurring near the periphery of the organ.

There are other and less frequent and conspicuous causes, but it would be useless to name them, since, as I have said, any accident which severs the utero-placental attachment would produce it.

Symptoms and Diagnosis.—As the prognosis, and more especially the treatment of the two varieties of parturient hemorrhage differ from each other very much indeed, it is of great importance that the accoucheur should determine at once as to which one he has to deal with, and that his decision be as far as possible positive and final. This he will in many cases do without difficulty, but sometimes he will have to remain in suspense for a short period until the progress of the case enlightens him and determines the point.

Denman on this point justly remarks: "Before there is some dilatation of the os uteri, be the discharge ever so profuse, and it may even at this time be excessive, I do not know that it is always possible to tell with certainty whether the placenta is present or not. It may indeed be conjectured that the placenta is there attached by the cushion-like feel of the cervix and lower parts of the uterus." He then goes on to remark how, even after dilatation of the os, a clot of blood may be mistaken for the placenta.

The only reliable means for determining the nature of the flow are these:

In Accidental Hemorrhage,

- (a) There will have been no ante-partum loss.
- (b) Uterine efforts will diminish the flow.
- (c) An evident cause will generally be found for it.
- (d) The loss is not generally very profuse.
- (e) The placenta cannot be touched.
- (f) Os uteri will be natural to the touch.
- (g) Placental murmur loudest near fundus.

In Unavoidable Hemorrhage,

- (a) There will have been hemorrhage during the last month or months of pregnancy.
- (b) Uterine efforts will increase the flow.
- (c) No cause will be found for it.
- (d) The loss is often sudden and profuse.
- (e) The edge of placenta may be touched.
- (f) Os uteri will be thicker than ordinary.
- (g) Placental murmur loudest in one or other iliac fossa.

As a little reflection will readily explain to you why these two varieties should be characterized by their respec-

tive symptoms, I will not do more than enunciate them. Let me insist, however, upon the importance of an early and positive diagnosis, if such is within the range of possibility. Of all the symptoms mentioned, the presence of the placenta near the os is the most valuable, and this one you must thoroughly test. Do not be satisfied with temporizing with digital examinations if they are not sufficient, but explaining the necessity to your patient, pass the entire hand into the vagina; if the os is dilatable pass the index finger well up into the cervical canal, and ascertain to your full satisfaction whether you have or have not a case of placenta prævia to deal with. As a matter of course, if the rational signs point strongly to the supposition that the case is one of accidental hemorrhage, and there is no immediate danger, you would not expose your patient to the annoyance and pain attendant upon this procedure; but far better would it be to err on that side, than by a culpable inactivity to remain ignorant of a point upon the knowledge of which so much will depend.

Treatment.—A parturient uterine hemorrhage should be treated upon precisely the same principles which should guide us in the management of such an accident taking place from any other part of the body. This you may, at first thought, regard as a sweeping assertion; but as we proceed you will perceive that, although from the nature of the locality from which the flow occurs, the means employed for developing the principles may differ, the principles themselves are identical.

Let us suppose, for example, that a hemorrhage should occur from any part of the surface of the body, as the result of a wound or abrasion, and let us follow out the principles which one after another would be employed by the surgeon, until he finally succeeds in checking it.

1st. If the flow were slight the patient would be kept perfectly quiet, and an effort made to constrict the mouths of the bleeding vessels by cold and styptic applications, as ice, alum, tannin, matico, etc.

2d. Should these very useful and commonly employed hæmostatic agents fail in making this principle effective, an attempt might be made to cause in the wound the formation of a coagulum, which, extending up into the mouths of the bleeding vessels, might seal them up as is done by plugging the anterior nares alone, or with the posterior, in epistaxis.

3d. Should this fail, a very excellent principle, that of closing the open arterioles by firmly compressing their walls, might be developed by direct pressure, as is done, for instance, in hemorrhage from the palmar arch, by placing a billiard ball in the palm of the hand, and binding it firmly in its place by a bandage.

4th. Should even this fail, still another and surer one exists in the application of a ligature to the bleeding vessels; and to it the surgeon would now with confidence resort.

Thus, one after another he has brought to his assistance four principles, each valuable in itself, each differing from the one tried before it, and all capped by one which is as certain in its results as human means can ever be.

Thus, too, gentlemen, in parturient hemorrhage the obstetrician should act; and he will find that, if the first three of these four principles fail him, he, like the surgeon, will have one left which will prove as certain as the ligature.

In establishing these principles, always be mindful of the pathological state which causes the dangerous symptoms which they are to control; *i. e.* that a portion of the placenta has been torn off from its uterine attachment, and that from its disrupted face, as well as from the corresponding surface of the uterus from which it was torn, the blood is welling forth.

In a case of accidental parturient hemorrhage, the first indication to be fulfilled is to check the flow by constricting the mouths of these vessels; and this will best be accomplished by confining the patient to bed in the supine posture, and absolutely prohibiting all muscular effort or

mental exercise, even that attendant upon speaking; by keeping the apartment cool; by administering cold, acidulated drinks, as lemonade, or water acidulated with the elixir of vitriol; by applying towels soaked with cold water, or vinegar and water, to the vulva and over the uterus, and by prescribing astringents, as tannic or gallic acid in full dose, which being carried to the bleeding vessels by the circulation, may aid in producing the same result which their local application effects in vascular rupture elsewhere.

If by these means we succeed, we will have good cause for congratulation, for we will have relieved the woman without having in any way sacrificed the chances of her child. If they do not succeed, then we must resort to some other plan which may prove more effectual, and we enter into the consideration of the adoption of the second principle. The only available means at our command for causing a clot to form in utero, under these circumstances, is the tampon or vaginal plug, an agent advised by many, and one which might accomplish the result as perfectly as do the double tampons employed in epistaxis. But there are dangers attending its use so great, that I must not only guard you against them, but advise an avoidance of this means in parturient hemorrhage, except in rare and particular cases. I would say in advance, *avoid the tampon as a rule, after the seventh month of pregnancy, but employ it boldly, even at full term, in a few exceptional and peculiar cases.*

The tampon, gentlemen, may be styled one of the most useful and dangerous of our uterine hæmostatics, and it is really curious to see how different and even contradictory is the advice which is given concerning the propriety of its employment. Let me, by an excusable and called-for digression, endeavor to fix in your minds this morning a few maxims concerning it.

A plug introduced into the vagina, of sufficient size to fill the canal, acts in uterine hemorrhage in these two ways—preventing the escape of the fluid which is flowing out of the uterus; this collects, and gradually is “backed” into the cavity above; soon it distends this cavity to its utmost extent; if the foetal mass is present, insinuates itself between the chorion and uterine wall, and at last forcibly dilates the os by distension of the whole organ, produces a powerful expulsive effort which frequently expels child, accumulated blood, and tampon together. When the uterus is not dilatable by the accumulating blood, this fluid coagulates within its cavity; the coagulum, beginning to form at the os, extends upwards towards the source of the hemorrhage, and will often seal up the mouths of the bleeding vessels.

Both these results are often very desirable, and to accomplish them no means compares with the tampon. But after the seventh month of pregnancy the uterus is so large that it may contain a sufficient amount of blood to produce death, so that from this period to the completion of labor it is always attended by danger. (I need not insist upon the gross impropriety of the employment of such a means after delivery.)

Thus then, although the tampon might effect much for us in parturient hemorrhage, as a rule it should not be employed; and, in exceptional cases which demand it, should be resorted to only after mature consideration, and its effects be watched with very careful scrutiny. Observe these rules in using it.

Never employ the tampon *from choice* when there is a possibility of a dangerous internal hemorrhage.

At full term do not employ it after the waters have been discharged, for then the uterus will accommodate a large amount of blood.

Never employ it at full term after your patient has lost a great deal of blood, or from natural feebleness of body would be endangered by even a slight hemorrhage.

In a strong woman who has not already lost a good deal of blood, in whom the uterus is contracting well, and whose bag of waters has not been ruptured, I would not hesitate

to employ it if other means failed, or from any reason I deemed them inapplicable.

Should the principle which is developed by the tampon be beyond our reach on account of the danger of the means which accomplishes it, or, should it have been unsuccessfully resorted to, how are we to avail ourselves of the third?

You remember that the flow of blood in accidental parturient hemorrhage is checked by uterine contraction, and that this is so marked as to constitute one of its characteristic symptoms; now let us examine this fact. When the organ contracts, the bleeding surfaces of the placenta and uterus are pressed firmly against the foetal mass, and thus their open vessels are shut. If we could cause this pressure to be continuous and powerful, at the same time that it was resisted by a hard mass, we would cause the flow to cease entirely, and would be acting exactly as the surgeon does who binds the billiard ball in the palm of the hand. But you may ask how are we to introduce a hard resisting body into the uterus to act as counterpart of the ivory ball? We are supplied with such a substance in the body of the child. Surrounded by the soft and pliable bag of waters, one chief object of which is to prevent its hardness from being perceived by the sensitive uterus, it lacks the feature of resistance which we now desire; but evacuate the surrounding waters by puncturing the bag, and instantly the unyielding body presses against the hemorrhagic spot, and the principle is developed.

This, however, although often sufficient, is not always so the pressure not being powerful enough. Under such circumstances, in the case of a palmar hemorrhage, the surgeon would remove his loose bandage, and apply another which would make all the pressure desirable. And so the obstetrician, by the administration of small doses of ergot, can so force his point of resistance against the bleeding surface as to compress entirely the ruptured vessels and render them impermeable. By these means you not only bring to your aid the principle mentioned, but, to a certain extent, you will establish that which will be mentioned fourth, for the vessels are diminished by the same contractions which press the child against the bleeding surface. According to my experience it is rare for them to fail. In fact, I have never known them do so in true accidental hemorrhage. Should they do so, however, but one resort remains, and that is ligation of the vessels from which the obstinate current flows. Have we any means by which ligatures may be thus applied in utero? Again bountiful nature comes to our aid, and we have but to use the means which she presents us and our end is accomplished. After every natural labor, were there not some arrangement for checking the flow from the broken utero-placental vessels, a hemorrhage would occur, but so soon as the uterus is emptied the fibres contract, diminish its size very greatly, and being arranged around the mouths of the vessels as the meshes of a netted purse are around the finger which is pushed through them, they inevitably close these mouths, and prevent all sanguineous loss.

After having tried in vain, by the development of the three principles mentioned, to accomplish what we wish, naught remains but to empty the uterus, force it into contraction, and cause nature to do what the surgeon does in external hemorrhage. If the head can be seized by the forceps, employ them; should it be out of their reach, accept of version as the alternative, and deliver promptly. Thus by successive steps the scientific obstetrician advances from mild, harmless, but correspondingly inefficient means, to more dangerous, and proportionately more effectual ones, until he arrives at a point at which he can safely say, “I will by this surely succeed in staying the flow, and will rescue my patient from its dangers.”

But do not despise the more inefficient means because a more effectual one exists. Would you not blame the surgeon, who, for a slight hemorrhage, should tie the supplying arteries without seeing what might be done by styptics, pressure, etc.?

Keep the most efficient agent in reserve, because it is accompanied by danger for mother and child, and always strive to accomplish your ends by the mildest, least dangerous, and apparently most trifling means. Should you succeed, a host of unthought-of evils lurking like harpies in the shade, may by your moderation be avoided; should you not, then promptly apply the most efficient and most dangerous of your resources, which, like a "corps de reserve" you have kept until the fitting moment.

What has been denominated, gentlemen, "heroic practice," often marks the course of the ignorant and unreflecting obstetrician; and although the vulgar may be blinded by its show of energy, decision, and promptness, and led to believe it an evidence of knowledge, it will often bring about consequences alike disastrous and avoidable.

The skilful general does not fire a twelve-pounder at a handful of marauders who could be dispersed by a musket-shot, nor does he trust to his muskets when an army is upon him in its might.

Never lose sight, too, of this fact in treating a complication of labor, that the interests of two beings are intrusted to your care, and that while you are to do all in your power for those of the mother, those of the child are scarcely less imperative. If, then, in the treatment of this accident, you can adopt means which will accomplish both ends, give them by all means the preference over those which, even if more surely effectual, in removing the woman from danger, will sacrifice the chances of the child.

The older one grows in obstetric experience, the more convinced does he become that many a woman has died from the unnecessary introduction of the hand into the uterus; that many a uterus has been ruptured by uncalled for violence; and that Herod destroyed, not a tithe of the children which have been killed in utero by the reckless use of ergot.

The following is a résumé of the treatment which has been recommended in this lecture, the principle upon which each procedure acts being italicised.

1st. *Constrict the bleeding vessels* by cold to the uterus and vulva, acidulated drinks, astringents, and perfect rest in the recumbent posture.

2d. In case of failure *cause a clot to form in the mouths of the bleeding vessels* by the tampon, should the case be one in which this practice would be safe.

3d. Should this fail, *make direct pressure against the bleeding vessels* by evacuation of the waters, and increase it if necessary by the use of ergot.

4th. None of these means succeeding, *ligate the vessels* by evacuating the uterus, and causing firm contraction.

As I have alluded to certain cases in which the tampon might, in a woman for whom we did not fear a slight loss of blood, be preferable to an immediate resort to rupture of the membranes, it may be well for me to give you an example. There are several cases where it might be preferable, but this will serve as a type: in a transverse presentation before the os is dilatable, rupture of the bag and administration of ergot would much complicate the operation of version, and thus endanger both mother and child. Should accidental hemorrhage occur in such a case, then it would be advisable to gain time for dilatation of the os by the use of a means which offers the probability of checking the flow without wasting the precious fluid which is to facilitate a dangerous operation.

Because this means is attended by danger I would not entirely discard it; but let that be a sufficient reason for its not being employed, except when absolutely necessary, and for its effects being watched with the utmost caution.

THE Cholera, according to the "Siglo Medico," of Madrid, has taken up permanent residence in Spain since 1854. It gives, as proof, the official statistics of cholera patients who have died at Malaga this year, between May 1 and June 29. They amount to 2267. The cholera has also shown itself in other parts—in the province of Jaen, at Limares, at Baylen, in Grenada, etc.—*Med. Times & Gaz.*

Original Communications.

A STATISTICAL CONTRIBUTION

TO THE

DIAGNOSIS OF CANCER OF THE STOMACH.

BY

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The following paper is based upon an analysis of sixty recorded cases of cancer of the stomach, collected principally from periodical medical literature. These cases are generally not well reported, the writer having too exclusively a single idea in view, and paying too little attention to other but less prominent facts. In taking, however, the aggregate of cases, each has a relative importance, and one in a measure corrects the other.

Of all the internal organs of the body, with the single exception of the liver, the stomach is most frequently the seat of malignant disease. From reliable mortuary reports of continental cities, it appears that nearly one-fourth of all the fatal cases of cancer have their origin in the stomach. It is impossible, from the imperfect manner in which registration is kept, to arrive at any other than the most general conclusion as to the accuracy of this statement in regard to the disease in this country. We may, however, in the most general manner, state that cancer of the stomach is more frequent in old luxurious cities, than where the style of living is comparatively simple. The period of life at which cancer is most liable to attack the stomach is included between the sixtieth and seventieth years. It is next most frequent between the fortieth and fiftieth years. Under twenty-five I am not aware that it ever occurs as a primitive affection, while the upward limit cannot be defined. (a) Males are more subject to it than females, in the proportion of four to one, and married females to the unmarried, in the proportion of six to one. It is impossible to decide as to the influence of habits or occupation in the production of this disease. The intemperate rank about equally with the temperate, (b) while all the trades and professions are represented in about the proportion of the numbers who follow them respectively.

CARDIAC EXTREMITY.

Cancer occurs at the cardiac orifice of the stomach less frequently than at the pyloric, or in the body of the organ. Males are more liable to be the subjects of this situation of cancer than females in the ratio of nine to one. (c) It is eminently a disease of advanced life, the majority of cases occurring after the age of sixty, and but seldom previously to the age of fifty. No predisposition or habit of life seems to determine the location of cancer in this situation. The subjects of it are generally of advanced age, temperate, and engaged in healthful occupations. The exceptions to this rule are not of a kind to invalidate it. The duration of the disease rarely extends over several years from the occurrence even of the first symptoms. The great majority terminate fatally within one year, while about half do not live beyond six months. (d) The symptoms of cancer of the cardiac extremity of the stomach vary with its seat, whether located within the orifice, primarily, or seated in the cardiac portion of the organ, and extending and involving the cardia secondarily. They vary also according to the nature

(a) The analysis of 60 cases gives 26, 2; 29, 1; 30 to 40, 10; 40 to 50, 15; 50 to 60, 11; 60 to 70, 18; 70, 71, 72, 78, 82, each one.

(b) Of intemperate there are given 5; temperate, 6.

(c) Of 60 cases, 10 were at the cardiac orifice, 16 in the body, and 34 at the pylorus. Louis collected 13 cases, which gave, cardia, 1; body, 5; and pylorus, 7. Bouillaud gives 8; cardia, 1; body, 2; pylorus, 5. Of 10 cases, 9 were males, 1 female. Of 10 cases, 1 was between 30 and 40; 1, 40 and 50; 2, 50 and 60; 5, 60 and 70; 1, 72.

(d) Of 10 cases, 2 lived 3 months; 2, 6 months; 1, 8 months; 2, 1 year; 1, 2 years; 2, several years. Of 10 cases, 6 were scirrhus; 2, Encephaloid; and 1 mixed; 1, doubtful.

of the cancerous growth, whether it be of the scirrhus or encephaloid variety. When cancer is situated at the cardiac orifice, the earliest symptom is dysphagia,(a) or difficulty of swallowing food, attended with nausea, which soon amounts to vomiting of ingested matters. If the cancer is of the scirrhus variety, these symptoms may continue for a considerable time, and be intermittent in their severity. The dysphagia is a most distressing symptom, attended with severe pain at the pit of the stomach, and sometimes with paroxysms of threatened suffocation. The patient complains that his food does not enter his stomach, and that his stomach is closing up. He indicates very nearly the point of stoppage of his food at the cardiac orifice. These symptoms are diagnostic of the seat of the stricture. The pain which attends efforts at deglutition is caused by the arrest of the bolus at the strictured point, and extends to the back, shoulder blades, and hypochondria. In these situations it is of a dull, aching kind, while at the cardia it is often extremely violent and lancing, and only relieved by the rejection of the food, or its passage beyond the stricture into the stomach. The pain is, however, by no means constant in its character and seat, depending probably much upon the degree of constriction, and occasionally upon the nerves implicated.(b) It may be so constant as to simulate gastritis, or it may be so violent as to resemble angina, and lead to attacks of convulsive diseases. In this manner cancer of the cardia has been treated for hepatitis, gastritis, colic, angina, and chorea. Undoubtedly, in this latter case, the par vagum was involved, as on dissection it has been found in other cases. Pain, as a diagnostic symptom, must be estimated by its seat and relation to the dysphagia. When located about the ensiform cartilage, fixed, unvarying, and lancing, or of a dull aching character during the efforts of deglutition, it becomes of considerable importance. In itself considered, however, it has no diagnostic value.

Vomiting is an early symptom,(c) generally immediately succeeding the appearance of dysphagia. It seldom, if ever, precedes this latter symptom in cancer of the orifice alone.(d) The peculiarity of the vomiting is, that it promptly follows the ingestion of food, and on this account is of great value in diagnosis. This vomiting is noticed in some instances as being easy, free from retching and pain, or it may be very painful. It is intermittent in severity, often being absent for several days or even weeks together. In these cases the disease is very slow in its development and progress, extending over several years, or it progresses very rapidly, and is of the encephaloid variety, the freedom from dysphagia and vomiting being due to the ulceration of the cancerous growth, and consequent enlargement of the orifice. Two peculiarities, almost without exception, mark the vomiting in the latter stages of the disease. More frequently the progressive constriction of the orifice, by the growth of the cancerous mass, finally amounts to a complete arrest of solid food in its passage to the stomach, and a consequent regurgitation of the ingesta in an unaltered state.(e) Less often, vomiting of blood occurs, which marks the ulcerative stage of cancer, and generally the encephaloid variety. In either case, taken in connexion with other symptoms, it gives unmistakable evidence of the nature, seat, and stage of the disease. Allied to vomiting is a discharge of ropy mucus from the mouth, which is sometimes constantly present. This discharge is often sour and very offensive.

The appearance of a defined tumor in the progress of the case, marks the character of the growth as encephaloid. This is due to the greater extent of this form of cancer, and

its tendency to involve greater surface by encroaching upon the stomach itself. The tumor is located at the pit of the stomach or under the ensiform cartilage, and is painful on pressure, and occasionally pulsates.(a) Its location at the ensiform cartilage, taken with other symptoms, gives it great value in accurate diagnosis. If but a slight degree of hardness is felt, it is scirrhus probably.

Of the symptoms more remote from the stomach, but consequent upon the disease existing within it, the earliest is constipation. This is due to the absence of solid food. In one case, however, diarrhoea with bloody discharges ushered in the disease. This may be easily explained by the fact that the cancer was encephaloid, and involved a considerable portion of the cardiac extremity. But when the disease involves principally or primarily the orifice, admitting only the introduction of liquids, constipation is the natural consequence. Later in the history of the case, diarrhoea supervenes, owing to the irritation of the cancerous debris, resulting from ulceration, and dark colored, offensive stools are discharged.

As a necessary result also of this difficulty of introducing substances into the stomach, emaciation commences early, and gradually progresses, until in some instances, where the sufferer dies of inanition, it reaches an extreme degree.(b)

The emaciation, of course, has a direct ratio to the degree of dysphagia which exists. In extreme cases it has become impossible even to swallow liquids. The dysphagia again has a direct relation to the condition of the morbid growth whether it be scirrhus or encephaloid, or whether it entirely or only partially surrounds the orifice. If the stricture be encephaloid, it forms a tumor which will early ulcerate, and render the orifice again patulous, and before emaciation has far advanced, food may again be introduced into the stomach. But if the stricture be purely scirrhus, as it far more often is, it will generally surround the orifice, and gradually but progressively contract its calibre until it prevents the passage even of liquids, unless relieved by ulceration. It is fair to presume therefore that those cases, attended with the greatest degree of emaciation, are of the encephaloid variety.

The general symptoms of this form of cancer are not striking. The appetite is often voracious owing to the obstacle to taking food; the tongue is often coated, but this is due to the state of the bowels suffering constipation; the countenance is never characterized by the sallowness of cancer.(c)

BODY OF THE STOMACH.

As anatomically, so also pathologically the body of the stomach occupies a position intermediate to that of the orifices, in respect to frequency as the seat of cancer. The period of life at which it generally occurs is about the age of sixty.(d) Males are four times more subject to it than females.(e) To no occupation, habit of life, or peculiar temperament, can the attack be traced.

Every portion of the body does not seem to be equally liable to cancer. First in order of frequency is the larger curvature with the great cul-de-sac; second, the body generally; lastly, the smaller curvature.

We have shown that cancer, occupying primitively and only the cardiac orifice, is without exception scirrhus. Cancer of the body, on the other hand, is always encephaloid or colloid, with one exception, and that is when it is primarily seated in the smaller curve.(f)

The duration of this disease is variable, but generally extends over several years. Often dyspeptic symptoms

(a) In 7 cases, limited to cardiac orifice, 5 had dysphagia as the first well marked symptom.

(b) In one case, there was intense pain in the chest, which subsided, but no pain in stomach. This returned without relief, and ended in attacks of chorea, every seven days; no vomiting or symptoms about stomach, except appearance of a tumor.—*Med. Chir. Rev.* July, 1837.

(c) Of 10 cases, 9 had vomiting as an early symptom; 1 no vomiting at all.

(d) Of 7 cases, 6 had dysphagia and vomiting; 1 not mentioned. In one case it lasted several years.

(e) Of 10 cases, 5 had regurgitation of the food near termination of disease; 2, vomiting of blood; 2, simple vomiting, of whom one died of dysentery, the other suddenly; 1, no vomiting, but had chorea, etc.

(a) In 4 cases tumor was felt; 3, encephaloid, and extended into stomach; 1, doubtful; 1, scirrhus, but just discernible.

(b) Of ten, seven were emaciated, three not greatly.

(c) Of ten cases, one note is made of the countenance, and that is that it was very dark.

(d) 29, 36; 40 to 50, 4; 50 to 60, 4; 60 to 63, 5, (82).

(e) Of sixteen cases, twelve were males, four females.

(f) Of six cases in large curve all were encephaloid; three in small, all were scirrhus.

are complained of for upwards of twenty years, when the severe symptoms set in and the case terminates fatally within a few months from this attack. The shortest period given was two months. (a)

The symptoms vary with the seat and character of the growth, whether it be in the greater or smaller curvature, and these localities determine for the most part whether it is scirrhus or encephaloid.

The earliest symptoms which arise from cancer of the body of the stomach, seated in the larger curve, cannot be distinguished from those of ordinary cases of dyspepsia. These do not, however, continue long previously to the onset of a new and marked series of symptoms which are peculiar to the malignant disease. Patients usually acknowledge, on being questioned, that they have long suffered from heartburn, pyrosis, etc., but without loss of general health. But when the distinctive symptoms of cancer become manifest, the features of the case materially change.

(To be continued.)

A CASE OF DISLODGMET OF A WATERMELON SEED FROM THE BRONCHI,

BY THE OPERATION OF TRACHEOTOMY.

BY CHARLES H. RAWSON, M.D.,

DES MOINES, IOWA.

SAMUEL McCURE, aged 4 years, 6 months, while eating a piece of watermelon on Wednesday, Aug. 22, was suddenly seized with coughing and great dyspnoea, and it was supposed a seed had passed into the larynx or trachea. He had occasional paroxysms of dyspnoea, and then comparative ease and quiet, but not free and easy respiration. Saturday morning it was thought advisable by Dr. Ward, of Carlyle, who had previously seen him, to have further advice, and the Doctor and Mr. McClure came to the city with the child, a distance of seven miles. The ride to town did not agree with the patient, for he was reported as quite easy before starting, but grew worse on the road. I saw him at 12 M.; his respirations were thirty-five, very laborious, and inspirations long and very difficult; pulse irregular in force and frequency; surface bathed in perspiration, and patient very restless, and constantly changing his position. Occasionally, he would sleep a few minutes, but respiration was harsh and hurried, and grew worse on waking. Auscultation did not locate the obstruction, for air entered all portions of the lungs, but in diminished quantity. Coarse mucous râles were heard over all portions, particularly the upper; frothy sputa in abundance could be seen in the fauces. Drs. Whitman, Davis, Skinner, Ward, and myself saw the case, and from the impending symptoms were satisfied the child could not long survive without an operation, which seemed to be the only alternative, although we were not able to locate the obstruction. Accordingly, I proceeded, at about half-past two o'clock, with the assistance of the above-named gentlemen, to perform the operation of tracheotomy. The patient was placed in the usual position, but great difficulty was encountered by the number and size of the veins crossing and recrossing the median line. The thyroid gland was as high as the cricoid cartilage covering the trachea at the point of operation, and adhered with great tenacity to it, making it very difficult to separate at the isthmus. The number of vessels, some of which were pushed aside, others ligated, the firmness of the tissues, and the position of the gland, retarded the operation. Three rings of the trachea were divided, and air escaped freely with abundance of frothy mucus. No foreign body made its appearance, and

as the obstruction seemed to be more in the larynx, I passed a catheter into the opening and up through the larynx into the fauces, but no relief followed. As respiration was very difficult, I now introduced a tube which gave slight relief. After about fifteen minutes, severe coughing came on, and I suddenly removed the tube, and a very large watermelon seed was coughed up, and thrown with considerable force through the opening three feet above the patient. This gave great relief for a few minutes, but I was soon obliged to replace the tube, to again relieve the breathing. Waiting half an hour, and supposing, of course, as the seed had been removed the difficulty would be relieved, it was thought advisable to again remove the tube, and see if the patient could not do without it; but strangulation took place immediately, and I had great difficulty in replacing the tube in time to save the patient—showing that obstruction of some kind existed in the larynx. The tube being replaced, respiration was free and easy. No anæsthetic was used. 9 o'clock P.M.—Pulse 145; respiration 41; reaction fully established, and patient restless; gave Dover's powder gr. ij. and verat. viride two drops every three hours.

8 o'clock A.M., 26th.—Patient passed a comfortable night, though restless at times. Pulse 130; respiration 31; skin cooler than last night; tongue covered with white fur; breathes principally through the tube, and from the collection of secretions in it, obstructing respiration, it was thought advisable to remove it for cleaning, and possibly it need not be replaced. On removal, considerable mucus was expelled from the opening, after which respiration was comparatively easy, but mostly through the opening. Any attempt at closing, to force the air through the natural passages, produced instant cough and strangulation, indicating that obstruction still existed in the larynx, probably as the result of irritation or effusion. Bowels moved, and no medicines given. 2 P.M.—Patient quiet; pulse 125; respiration 28; skin moist, and little excess of heat. 10 P.M.—Comfortable and asleep; pulse 140; respiration 35; skin moist and hot.

27th, 8 A.M.—Patient passed a good night; pulse 130; respiration 33; coughs, and raises some through the opening, but secretion diminishing; some swelling around the opening; skin moist, and not as hot as at last report; bowels open. Any attempt at closing opening produces cough and strangulation, though the voice and cough are not quite as hoarse as yesterday. 2 P.M.—Very rapid improvement; pulse 114; respiration 28, and easy; tongue clean; hoarseness of cough and voice very much diminished; skin moist and cool.

28th, 8 A.M.—Restless through night, but still rapidly improving; pulse 110; respiration 27, free and easy, and mostly through the mouth; tongue nearly clean, and patient sitting up and playing; feels well. The edges of wound were approximated, but could not close them, as it produced difficulty in respiration. The parents of the child removed him home this morning.

Sept. 5th.—Saw the patient to-day; doing well; opening closed internally, but not entirely on surface.

I regard this case as rather unusual, on account of the amount of irritation the seed had caused in the larynx, thereby probably producing extensive effusion in the vocal cords and the mucous tissues around, making it impossible to close the artificial opening for some days, until absorption had taken place.

FRENCH SURGERY.—The question of resection of joints, studied for twelve years with so much interest and care by English and American surgeons, is still little known in France. The resection of the elbow-joint has alone become part of our practice, that of the shoulder has been practised several times; but resection of the knee and the hip have hitherto met with few partisans.

(a) Of sixteen, five suffered two years, two one year, one six, one eight, one two months; two slightly dyspeptic, many years; one died four months after severe symptoms.

Reports of Hospitals.

NURSERY AND CHILD'S HOSPITAL.

TREATMENT OF CHOLERA INFANTUM.

CHOLERA Infantum, which is so prevalent and so much dreaded in warm weather, in our large cities, was much less fatal in the hospital during the past summer than in the corresponding months of last year. Yet a large majority of those who died in June, July, and August, fell victims to it; and those who were carried off by other diseases, in the same period, commonly presented, in a greater or less degree, the lesions of cholera infantum. As regards the symptoms, few points of special interest were observed. The physicians in attendance remarked at times an unusual tendency to dysentery, as shown by the tenesmus and muco-sanguineous stools, and some cases occurred of extreme and rapid prostration, with but little looseness of the bowels.

The treatment pursued, and which in most cases was satisfactory, was as follows:—In the commencement of the disease, a purgative was sometimes administered, either castor oil or calomel; with this exception, no mercurial was prescribed in any stage of the disease. The old idea of congestion or torpidity of the liver, so as to indicate mercurial treatment, has been shown to be erroneous, by the post-mortem examinations made in this institution in cases of cholera-infantum. In some instances this organ has been fatty; but with this exception, it has uniformly been in a healthy condition. The mixtures employed to check the disease contained for the most part some form of opium, usually laudanum, Dover's powder, or the pulv. cret. comp. c. opio. The opiate treatment proved very effectual in quieting the bowels, but it was used cautiously, or not at all in the advanced stages of the disease, when cerebral symptoms were threatening. If there were much febrile action, and especially stools stained with blood, a favorite prescription was the well-known castor-oil mixture recommended by Dr. West. In the advanced stages of the disease, and in the beginning, if the dejections were frequent and watery, astringents were prescribed, ordinarily kino, tannin, or gallic acid. The following powders were sometimes beneficially employed in these cases:—*B. Pulv. rhei, gr. ii., pulv. kino, gr. vi., Sodæ bicarb. gr. xii. M. Divid in chart. No. xii. Dose, one powder from three to six hours.* The tannic and gallic acids were given in doses of one-half to three-fourths of a grain to children one year old. The following is an excellent formula, as it disguises the taste of the astringent:—*B. Acidi gallici, gr. viij., tinct. cinnamomi co. ℥i., tinct. opii, ℥viii., syrapi, ℥ii., aquæ cinnamomi, ℥v., aquæ pur. ℥i. Geraniin, the active principle of the geranium maculatum, was prescribed by Dr. Jones in several cases, but its effects were uncertain, and it was discontinued. Alkalies were also generally administered, especially lime-water, and bicarbonate of soda; these often relieved the vomiting, and sometimes diminished the frequency of the dejections. The alkaline treatment was rational, as there is, almost, uniformly, acidity of the primæ viæ in this complaint except in the last stages, when intestinal ulceration has occurred. The lime water was oftener administered as the antacid, and in order to be effectual, it was necessary to give it at short intervals.*

The vomiting in cholera infantum is known to be one of the most obstinate symptoms, and one which sometimes, more than the diarrhoea, diminishes the chances of recovery. The physician is often obliged to witness not only the almost instant ejection of nutriment, but also of the remedy on which he believes the safety of the patient depends. To relieve this symptom nothing was found so effectual, especially when the disease had continued some time, as creasote given to a child one year old, in doses of one-eighth of a drop after each vomiting. Occasionally

this was aided by sinapisms to the epigastrium. Much attention was given to the nutrition of these children. Wet-nurses were engaged, if possible, for those under the age of one year; and arrow-root, beef-tea, and other nutritious articles of diet given in addition. Wine or brandy was employed at short intervals, unless at the commencement of the disease. These stimulants were of service not only in sustaining the strength of the patient, but in relieving the vomiting. In only one case out of ten, which were examined after death, was there vascularity of the stomach, however great its irritability had been; and a similar immunity of this organ was observed in the larger number of autopsies made the previous summer, so that no one need be deterred from the use of stimulants in this affection, through fear that gastritis may be present.

BELLEVUE HOSPITAL.

SECOND CASE OF PUERPERAL FEVER SUCCESSFULLY TREATED BY INFUS. DIGITALIS AS THE ARTERIAL SEDATIVE.

[Reported by ALEX. HADDEEN, M.D., House Physician.]

ANNA MEIER, aged 18, primipara, confined in the Lying-In department of Bellevue Hospital, July 23, 1860. Labor was natural, easy, and of ordinary duration. Convalescence progressed normally up to August 4; nothing peculiar had been noticed in her case. At this time, without any known exposure, she was seized with a severe chill, followed by fever and increased frequency of pulse, and pain in the lower part of the abdomen, extending upwards. This pain was increased on taking an inspiration, or on pressure; tympanitis very well marked; lochia scanty and offensive; pulse ranged about 130; respiration 30. During the morning of the 5th, she vomited a spinach-like substance; complained of severe pain and uneasiness in the abdomen, which was increasing in severity. Her expression of countenance was fixed and anxious; skin hot and dry; tongue moist, large, and furred. August 5, 10 A.M.—Was sent to the fever ward, being about twenty-four hours after the first symptoms were observed; she had taken several small doses of tr. verat. virid. and sulph. morph., which somewhat reduced her pulse to 120, and quieted her pain; respiration 30.

Having used the infusion of digitalis as an arterial sedative in quite a number of cases of a different character during the several preceding months, and being convinced of the certainty of its action, and the little constitutional disturbance that followed when properly administered, by the approval of Dr. I. E. Taylor, the attending physician, I substituted it for the tr. verat. virid., carefully watching its effects, with the following results:—The last dose of tr. verat. virid. and sulph. morph., in doses of five drops of the former, and half grain of the latter, was given on August 5, 5 A.M.—Pulse 120; respiration 30. At 10 A.M. ℥i. of the infusion of digitalis was given, and also half grain of the sulph. morphine; the tympanitis was very marked, and there was also present slight nausea, with pain on pressure. 11 A.M.; the frequency of the pulse and respiration the same; the dose of infusion repeated. 12 M., respiration the same; pulse 108; half grain of morphine and $\frac{1}{2}$ ss. of the infusion given. 1 P.M.; there being no change the dose was repeated, and at 2 P.M. the pain in the abdomen had diminished; the pulse was reduced to 96, and the respiration to 20; $\frac{1}{2}$ ss. of infusion, and one-third grain of opium. 3 P.M.; pulse 102; respiration 18—dose of digitalis repeated. During the next six hours, with the exception of half a grain of morphine, the remedies were suspended; the pulse in the meantime decreasing to 82, and the respiration to 15; the patient in the meantime complained of no pain; the skin was moist, and the pupils became affected. From 10 P.M. to midnight the pulse rose again to 96, while the respiration was at 10; infus. digitalis $\frac{1}{2}$ ss., and morphine, gr. one-third, prescribed in the meantime. August 6, 2 P.M.

—Pulse had fallen to 65; respiration 10; $\frac{3}{4}$ ii. of the infusion ordered at 1 A.M., and $\frac{3}{4}$ iii. at 7 A.M., at which time about a pint of urine was drawn off, after having been retained twelve hours. Dr. Taylor visited the case early in the afternoon, and advised that the treatment be cautiously pursued, and suggested the propriety of giving, in addition, gr. two of quinine every four hours. From 2 P.M. until 9 P.M. the pulse steadily increased to 84, and the respiration to 16; ordered infus. digitalis $\frac{3}{4}$ ss. Patient rested well during the night, and took $\frac{3}{4}$ ii. of the infusion about 3 A.M. August 7.—At 6 $\frac{1}{2}$ A.M. pulse was 72, she complained of no pain in abdomen, except when pressure was made upon the part. It was necessary to relieve her bladder by the catheter. From 6 $\frac{1}{2}$ A.M. until 3 P.M. the pulse ranged from 72 to 90, $\frac{3}{4}$ ii. of the remedy having been administered at 11 A.M., and the same dose repeated at 2 $\frac{1}{2}$ P.M. From 3 P.M. to 11 P.M. the pulse decreased to 64, the respiration at that time being 18; $\frac{3}{4}$ ss. given at 4 P.M. August 8, 1 A.M.—The pulse was 60, the patient felt very comfortable. In the course of the day the pulse ranged as high as 78, but none of the infusion was ordered. August 9, 9 A.M.—Patient complains of severe pain in the right iliac region, in which situation a tumor can be felt; tympanitis has mostly subsided. Ordered emplastr. vesicat., 4 by 4, over seat of pain. 2 $\frac{1}{2}$ P.M.; the pain was very much diminished, and at 6 P.M. disappeared altogether after the application of Majendie's solution to the blistered surface. By the aid of an anodyne she rested well during the night, the pulse at 11 P.M. being 75. August 9.—Pulse 75; complains of soreness over the abdomen and pain on motion; sulph. morph. gr. one quarter, which dose was repeated, 9 A.M., but without producing the desired effect. 11 A.M., the blistered surface was dressed with the sulph. morphine, and in the course of two hours the pain subsided very much; the skin, however, becoming feverish about 1 P.M. $\frac{3}{4}$ ii. of the infusion was administered, the pulse being 100. At 3 $\frac{1}{2}$ P.M. $\frac{3}{4}$ ss. was given, and by 9 P.M. the skin was moist; the pain entirely gone, and the pulse 84. August 11.—No change for the worse; the pulse being weak, brandy and beef tea were ordered. August 12.—The surface of body feverish; pain in tumor returned. Took $\frac{3}{4}$ ss. of infusion and one-third grain of morphine, and in a little over two hours pulse was 72. The pain, however, still continuing, another dose of morphine (gr. one quarter) was prescribed, which produced the desired effect. August 13.—Patient was fairly convalescent, and in due time was discharged from the Hospital perfectly cured.

BROOKLYN CITY HOSPITAL.

COMPOUND FRACTURE OF THIGH—RECOVERY.

[Reported by A. D. WILLSON, M.D., House Surgeon.]

JAMES THURSTON, æt. 45, healthy, a moderate drinker, was admitted under Dr. Enos, July 5th, 1860, with a compound fracture of the femur at junction of the middle and lower thirds, caused by the limb being caught between the spokes of his cart. The wound in the soft parts made by protruding bone was about two inches in length, and situated posteriorly. Shortening one inch; venous hemorrhage quite free; pulse one hundred, tolerably full; surface pale and cool. Gave whiskey $\frac{3}{4}$ i. with liq. opii comp. gtts. xxv. Adjusted limb to the double inclined plane for the night, approximating the lips of the wound by means of adhesive strips. The next day the patient having fully reacted, he was put on the "Burge apparatus," which allowed of free access to the wound without in the least disturbing either the limb or the patient. An ordinary back splint was used, with a semi-circular piece cut out of its side at a point corresponding with the wound. No change whatever was made in the apparatus as first applied until the end of two weeks, when it was thought advisable to remove the back splint to see if it offered any obstruction to the free exit of matter. This was easily done without disturbing the limb, but nothing being found amiss, instead of returning the

splint, broad bands of muslin were substituted, and they answered every indication. The discharge from the wound at this time was healthy, and amounted to about two ounces in the twenty-four hours. Gradually it became less and less, until the end of six weeks after the injury the wound had all but closed, and the patient was removed from the apparatus. The union was firm, and there was about one half inch shortening. Coaptation splints were applied, and the patient was directed to keep quiet in bed. Two weeks later (eight weeks after admission), patient is allowed to go about the wards on crutches. Has never had any very serious symptoms, and is now in perfect health, though somewhat weak. A moderate amount of stimulants has been allowed almost from the first, and nourishing diet. It may be well to state that after the first two weeks the patient was in the habit of sitting up to his meals. In no other apparatus than the one used could this have been possible. The perfect ease, also, with which the wound could be seen and dressed, without disturbing the limb or the apparatus, is worthy of mention. This facility, however, is peculiar to the "Burge apparatus" only when the external wound is situated, as in the present case, at or near the middle of the thigh, and posteriorly.

JOURNALS FOR SEPTEMBER.

NASHVILLE JOURNAL OF MEDICINE AND SURGERY.—Sept.

ART. I.—Contributions to the Medical Flora of Nashville.

By GEORGE S. BLAKIE, M.D.—Among the numerous medicinal plants met with daily by the country practitioner of the South and West the writer has mentioned some that are in a fit state for collection at the last of July and the first of August. The native anthelmintics are the *spigelia marilandica*, *amygdalus persica*, and the chenopodium anthelminticum. The common mullein (*verbascum thapsus*) is anodyne and antispasmodic, a decoction of the blossoms being better than the leaves. The wood sorrel (*oxalis stricta*) is antiscorbutic; its juice often forms a refreshing drink in fevers, and makes, when boiled with milk, a delicious whey. The fresh leaves are recommended as a salad in cases of scurvy, and also as a local application to scorbutic sores. The native antiperiodic is plentifully supplied from the different species of willow, and though not so reliable as quinine, is not so apt to cause congestion of the head. Among the most valuable astringents are the many species of oak (*quercus*), the use of which is well known. The persimmon (*dyospyros virginiana*) is astringent and tonic, used in sore throats, intermittents, and dysentery. The inner bark is officinal. The blackberry (*rubus villosus*), the smooth sumach (*rhus glabra*), and the common stinging nettle (*urtica dioica*), are well known astringents. The latter is also pectoral and diuretic, and used in decoction for nephritis, gravel, and hemoptysis. Horsemint, peppermint, and spearmint, are among the carminatives. As demulcents he mentions slippery elm (*ulmus fulva*), and ginseng (*panax quinquefolium*). The elder tree (*sambucus canadensis*), the pleurisy root (*asclepias tuberosa*), smilax, sarsaparilla, and spice wood (*laurus benzoin*), are mentioned as diaphoretics, and the plantain (*plantago major*) and dandelion as diuretics. The emetics are bloodroot, the pokeberry, lobelia, and western dropwort or Indian physic (*gillenia stipulacea*); cathartics, the American senna, podophyllum peltatum, convolvulus panduratus, ricinus communis, indigo-broom (*baptista tinctoria*), and the butternut tree (*juglans cinerea*); various stimulants, narcotics, and tonics, are also mentioned. ART. II. *Psychology*. By Dr. B. H. WASHINGTON, Hannibal, Mo.—The writer attempts to prove the truth of phrenology and psychology by the teachings of scripture. ART. III. *A Case of Chorea*. By Dr. B. F. BRETTAIN, Limestone, Tenn.—The case was at first treated by cupping over the tender vertebrae, followed by a dose of calomel and rhubarb, afterwards carbonate of iron and quinine. The patient growing worse, he was ordered drachm doses of carb. iron after each meal, six grs. sul. zinc twice a day, and the daily use of the

cold bath, the bowels being kept open with simple aperients. Under this treatment the improvement was rapid. ART. IV. *Medical Ethics*. By DR. EUGENE W. HERNDON.—The author considers it a breach of ethics for a practitioner to establish himself in a neighborhood where a sufficient number are already located. ART. V. *A Letter to the Editor from Dr. E. L. McTYRE, of Bainbridge, Geo.*, relating a case of irritative fever with severe headache, successfully treated with whiskey toddy in teaspoonful doses, often repeated, after other means had failed to afford relief.

THE SAINT JOSEPH MEDICAL AND SURGICAL JOURNAL.—Sept.

ART. I. *The Recuperative Power*. By G. L. MILLER, St. Joseph. ART. II. *Inaugural Address before the St. Joseph Medical Society*. By DR. W. L. HEDDENS, President.

THE JOURNAL OF MATERIA MEDICA.—Sept.

ART. I. *Indigenous Tonics*. By CHARLES A. LEE, M.D.—The ninth number of a series of articles on the materia medica of this country. ART. II. *Apocynum Canzabinum (Indian Hemp)*. The root is the only part employed in medicine. It acts as an emetic, purgative, sudorific, and diuretic, and is well adapted to the treatment of tonic dropsy. The fresh juice has been employed externally in cutaneous affections.

THE BRANDY TREATMENT IN ACUTE DISEASES.—A London correspondent of the *Wiener Medicinische Wochenschrift*, No. 26, in treating of the prevalence of Dr. Todd's treatment of acute diseases in London, expresses his opinion that it might be introduced with great advantage in Germany; for, although practitioners are there beginning to learn not to enfeeble their patients by blood-letting, they do not administer support to the nervous power in acute disease; so that, while they do not do so much harm as heretofore, they still do not do so much good as they might do. He admits, however, that Todd carried his stimulant treatment somewhat too far, especially at the commencement of acute affections, when there is no loss of power. At a later stage, however, no doubt can exist that the systematic administration of alcohol is attended with the best consequences; alcohol being, in Todd's view, not a medicinal agent, but a nutritive aliment of the nervous system. In the convalescent stage of typhus, as well as in the second and third week of this disease, and in many cases of pneumonia, the systematic administration of brandy saves many a life. An anecdote, illustrative of this subject, is told by Skoda. A peasant suffering from pneumonia was given over by his attendant as hopeless. A notary was summoned to make his will, and many of his friends attended. While waiting for the official, some strong schnapps was passed round to the guests, and the dying man with feeble voice implored a glass from the well known bottle. A refusal to one doomed to death could not be given; but the patient, finding himself so much better after the first glass, speedily repeated so agreeable a medicine, which soon effected a recovery, in vain attempted by pill and potion. The correspondent adds, that the assistant-physicians of the London hospitals manifest a remarkable predilection for this brandy treatment, exhibiting it even where their seniors have expressly countermanded it. "I have known many cases in which one of the most distinguished hospital physicians, desirous of experimenting upon the treatment of typhus and pneumonia, has positively forbidden a drop to be administered. The patient becoming worse towards evening, the assistant-physician has been sent for, and finding the case urgent, after in vain trying camphor, musk, etc., gives the patient brandy at short intervals, preferring to save life to obeying the orders which have been left. The symptoms yield, the patient sleeps, and in the morning, is twenty per cent. better. The physician arrives at nine in the morning, and proclaims the case to the pupils crowding around the bed as an example of the uselessness of the brandy treatment—not a single drop having been administered!"—*Medical Times and Gazette*.

American Medical Times.

SATURDAY, SEPTEMBER 29, 1860.

THE DUTY OF THE STATE TO THE INSANE.

In a previous number of the *MEDICAL TIMES* it was stated that three different modes had been proposed for relieving the present condition of the insane poor. The first was to increase the number of asylums, so as to accommodate all the insane; where the recent and curable cases, and the old and incurable, should be indiscriminately received. The second was, to reserve the present asylums as Curative institutions, and erect new State asylums for the incurable. The third was, that the present asylums should be kept as Curative institutions, and the counties required to make provision for the care and safe keeping of the incurable, under suitable supervision by the State. Some of the objections which have been made to the first two plans were stated; it only remains to consider the last.

It is well known that several of the more populous counties, either from the absolute necessity of providing accommodations for patients returned from the State asylum as incurable, or from motives of economy, or both, have erected county asylums, some of which are well constructed, and furnishing suitable accommodations for the class of patients for which they are designed. Other counties will no doubt follow the example, and such counties would be very reluctant to abandon their own institutions, and send all their patients to State asylums. Where the counties are small and the population comparatively limited, several adjacent and neighboring counties should, under suitable advice or law, unite in establishing an asylum for Incurables. Under a proper system of general supervision, there can be no doubt that this class of persons would enjoy all the care, security, and comfort, which their unfortunate condition admits; and that, at a much less expense than by paying for their support in a State institution that should be adapted for the curable as well as the incurable insane. We desire to state in this place, however, that when we speak of incurables, we refer to all those classes of the insane, demented, or epileptic, that should be under constant medical and legal surveillance, and that would not, under existing arrangements, be provided for in the State asylums. Experience has shown, in the European institutions for incurables, that a few may recover, and that the great majority will, under suitable management, become considerably improved. Truly says Dr. Langemann, the great friend of asylums for Incurables in Prussia,—"God only knows who is incurable." But as regards the importance of having well-constructed and efficiently-managed institutions for this class of the insane to which we have referred, there can be no doubt; and we should insist upon every requisite condition of comfort, safety, and general good management. The present condition and management of the insane poor, particularly the incurable, in many of the almshouses in our land, are positively disgraceful and inhuman; and as we have stated in a former article, the State must exercise some supervision over the care and management of this class, whether curable or incurable.

The reasonableness of such a supervision, and the duty of the State Legislatures in reference to it, must be obvious to every intelligent citizen. In a future number we shall endeavor to describe, from authentic observations, the actual condition of the Insane Poor in our country, but as an apt and familiar illustration of the criminal neglect of the insane in our almshouses, we cannot forbear quoting an item that appears in the morning papers the very day of this writing:

(From *The World*, Sept. 22.)

"*An Insane Woman Roasted Alive.*—On Thursday an insane woman, named Elizabeth A. Brush, was burned to death in one of the shanties in which the poor of the county of Sullivan are kept. A person who was passing was attracted to the building by screams and groans, and on entering found it enveloped in smoke and flames, and the wretched woman in the centre of the room, literally roasting alive. Her clothing was nearly burned from her body. How the fire originated is not known, as there was no fire in the room which she occupied. The fire was extinguished as soon as possible, but the unfortunate creature expired in a few hours in great agony. She was a daughter of the late James Brush, of Monticello, Sullivan county, and was supported in the County house by her relatives."

What a spectacle! And who is answerable? Because there was no fire kept in that cold shanty, are the county officials and their superintendent of the pauper barracks to plead not guilty of that shameful neglect which allowed Miss Elizabeth A. Brush to be destroyed—perhaps by her own act—in that miserable hovel that invited the flames by which she perished? Perhaps, in the dramatic words of Joanna Baillie, this unhappy lunatic had exclaimed in vain:—

"Come, madness! come unto me, senseless death!
I cannot suffer this! Here, rocky wall,
Scatter these brains, or dull them."

And, being unguarded, fire became the ready agent of her death. Yet such a fate might well be preferred to the pitiable condition of hundreds of the insane poor now in the almshouses of the Empire State. Here, within two hours' ride from our city, that unfortunate woman, the daughter of well-known and respectable parents, was kept in a *shanty*—which naturally became her funeral pyre. In such asylums, and with no proper supervision, we could expect no better results.

It might be supposed that the supervisors or other responsible county officials would watchfully attend to the interests of the poor; but, said Senators Bradford and Lee, in their report to the New York Legislature, in 1857,—“In many instances the committee learned that the poor-houses had not been visited by the supervisors for more than a year. They cannot but regard this as a gross neglect of public duty, and therefore submit it to public criticism and to such legislative interference as may effect a more efficient supervision.” Intelligent and faithful supervision of asylums that shall suitably accommodate the several counties, and at the same time equally conduce to the welfare of the insane poor, and promote economy of administration, in which each county is particularly interested, are now the great objects to be attained. The present movement on the part of some of the more populous counties to provide for their own insane must be either an advance or a retrogression from existing arrangements; and its ultimate results will manifestly depend mainly upon the character of the general law and supervision which the State shall provide. The counties will doubtless enter very cordially into any well devised plan by which they may have the

financial control of the proposed local asylums, and the State should make it the imperative duty of the counties to provide suitable buildings and care for their insane poor. The details of a suitable law for this object could readily be framed upon a basis that would be satisfactory to the counties. But when such a law is prepared, let it be so definite, simple, and strong, that it cannot be abused or evaded. And by all means should there be a separation of the incurable from the curable and recent cases of insanity—the latter class being transferred to the State Asylums.

This classification is indispensably important. In the State of Massachusetts, the County Asylums have been generally given up. Those asylums received all classes of the insane poor, and were under no effectual supervision and control of the State. In the year 1855 the Commissioners of Lunacy advised the repeal of the law of 1836, by which those local institutions had been called into existence, and which the commission declared had, in all the counties, failed to answer its purpose.” And such inevitably would be the unhappy result of any law that should authorize the respective counties in any state to provide for all classes of the insane, both the curable and the incurable, whatever the supervisory care of the State; and even for the success of local Asylums for the incurable insane alone, effectual supervision by a State Commission of Lunacy will be found necessary. It should be the duty of such Commissioners to examine into the conditions of the insane wherever confined, and to report annually to the Legislature. Persons who were qualified for the situation could do much by their advice to the county authorities, in the selection of sites for the local asylums, in the construction of the buildings, and in the general management of the patients, in addition to their particular duties to see that patients were not improperly confined or abused. We are here recommending no new or untried experiment. In England, after a long series of experiments by appointing visiting committees, local managers, etc., it was found impossible to remove or prevent abuses, until the State took the matter into its own hands, and appointed a board of commissioners—a certain number of whom were denominated Acting Commissioners, whose duty it was to visit all the asylums—private as well as public, almshouses, and every place where insane persons were confined. This inspection was not to be partial or superficial, but they were required to see personally and examine into the condition of each individual patient.

Although we have the successful example of England to guide us, we would not recommend hasty or inconsiderate legislation. But it is believed that the time has arrived when the great State of New York should adopt some fixed and comprehensive system for dispensing its charities, and also for the proper supervision of the insane. Moneys are granted every year in large amounts to the different benevolent institutions. This, no doubt, is right, but it would certainly be the part of wisdom for the Legislature to be informed of the condition and claims of those several institutions, and know how the money is expended. The plan which we would propose, is, that the Legislature should appoint a Board of Commissioners, two or more of whom should be termed acting members. It should be the duty of the acting members of this commission; 1st, annually or oftener, to visit and examine personally the actual condition of the insane wherever confined or provided for in the State; 2nd, to report to the next and every subsequent

Legislature the condition of the insane in the several asylums and places of confinement; 3d, to propose such comprehensive and specific plans as to the Commissioners seem to be required to properly meet the necessities of the insane, and the interests of the State and of the several counties. Probably, also, it would be expedient for the Legislature to authorize this Commission to exercise some surveillance over all the eleemosynary and benevolent institutions of the State, as recommended by the Senate's Committee on the Charities of the State, as reported to the Legislature of New York in the year 1857.

It will be recollected by the members of the medical profession who were in attendance at the New York State Medical Society last winter, that this subject was brought before that body, and a resolution unanimously passed to petition the Legislature to appoint a Commission of Insanity. The petition was presented, and a bill was reported by the committee, in accordance with the petition. But it was too late to obtain action upon it by such a Legislature. The present condition of the insane appeals strongly to the benevolent of all classes, but more particularly to the medical profession. If but one physician in every Assembly district would make it a point to see the member who is elected to the Legislature from his district, and urge upon him the importance of this measure, it is believed there would be no difficulty in procuring the desired action of the State. Or, if each county society, in accordance with the example set by Oneida county, would appoint a special committee to attend to this matter in their own county, the proper influences would be brought to bear in season upon our Legislators, and ere another year had passed, the State of New York might be redeemed from the disgrace which now attaches to it on this subject.

In all our remarks upon the care and treatment of the insane, we have assumed that the positively intractable and incurable cases should be separated from the recent and hopefully curable. The vast practical importance of introducing this improvement is acknowledged by a large majority of physicians connected with lunatic asylums. Wherever the improvement has been introduced it has proved eminently satisfactory, and truly economical. In Prussia, where the subject of insanity is more thoroughly understood and better provided for than in any other country, there are no less than fifteen asylums for the incurable and the demented. The character and management of those institutions happily shows that they are well provided with every facility and means that can conduce to the recovery of any inmate whose mind is not hopelessly beclouded. And such should be the local asylums recommended in the foregoing remarks. We are aware that Dr. Kirkbride of Philadelphia, and some others, have discouraged the organization of this class of institutions; but they have become a necessity in some of the States, and if we would make them like the asylums at Dusseldorf and Andernach, we must look well to the general law under which the proposed local institutions shall be organized, and to the system of supervision that shall be exercised over them. Then will even the most hopeless classes of the insane, the demented, and the epileptic, who now crowd our almshouses, be provided with constant medical supervision, and surrounded by all the hygienic and moral influences that an enlightened humanity can suggest to minister to their comfort, safety, or improvement.

THE WEEK.

THE sale of Poisons, and the practical value of the recent legislation on the subject, continue to elicit such opinions, pro and con., as lead us to entertain the opinion that doctors differ much less than some other persons. That poisons should be retailed only upon the prescription and order of a physician, except under the most guarded provisions against their criminal or improper use, all right-minded physicians admit. A few weeks ago, when the new law was discussed and its observance urged by the Academy of Medicine, some evil-minded person undertook, through the medium of the *Daily Press*, to satirize and ridicule the discussion and action of the Academy on this subject. But we are happy to notice that the press is now unitedly and strenuously advocating the strict observance of the new statute relating to poisons. Says the editor of the *New York Times*, of this statute:—

"There is, at the present moment, on our statute-book a law which, if properly executed, would prevent, as far as it is in the power of law to prevent, the careless sale of poisonous drugs. This act requires that the poison shall be properly labelled, and that it shall only be given under the prescription of a regularly authorized physician, or in the presence of a witness to the transaction. Beyond this it is impossible to go. A resolution passed by the Pharmaceutical Convention aims at a new law which would define who are 'regularly authorized physicians,' and would limit the sale of drugs generally to honest and trustworthy men. It is clearly impossible to attain such an end. . . . All we need is that the law now on the statute-book shall be faithfully executed, and that culpable carelessness in the sale of poisonous drugs shall meet with the certain punishment that it merits. When this is effected, legislation will have done all that it can do to protect life from being sacrificed by the indiscriminate sale of poisons."

This is more confident language than we or the Academy of Medicine have uttered, and yet there is good reason to believe that, with slight amendments to the statute, this opinion will be sustained by experience. The list of poisonous drugs enumerated in the recent Act requires revision for additions and better definitions, and we think some of the conditions for the sale of particular articles might be advantageously modified. But, as we have said before, it is a wonder that so good a law as this should have been placed upon the statute books by the last Legislature of New York. Upon inquiry we have learned that this important measure may be credited to the two honest men in the respective branches of that body, viz., Hon. F. E. Rotch, the distinguished agriculturist, from Otsego, and Hon. P. Murphy, the good physician, from Niagara.

The public may safely allow the Act to remain unaltered, for reasons quoted above from the *N. Y. Times*; and if any amendments are desirable, let them be suggested by the American Pharmaceutical Association's trustworthy committee, and the joint committee which has been appointed by the Academy of Medicine. The recent discussions in the Association, the Academy, and the Sanitary Convention, on the sale of poisons, have revealed the fact that the attention of both Druggists and Physicians needs to be aroused to an intelligent consideration of the subject. Let our present law remain unaltered and be faithfully observed, until Messrs. Proctor, Coleord, Squibb, and the Academy's Committee, can suggest and procure such amendments as may be desirable.

It is now upwards of sixty years since the fact was settled beyond cavil that the scourge of the human race, small-pox, was eradicable. It was proved to a mathematical demonstration that vaccination with cow-pox, a process perfectly innocuous to the individual, would insure exemption from this most infectious and contagious disease, or so modify its malignant properties as to render its attacks almost harmless. Enlightened continental nations, over which this terrible plague, at given periods, spread like a pall of death, decimating towns and rural districts, seized the proffered boon as of Divine appointment. By systematic vaccination, enforced by Government, the people have received such complete protection from small-pox, that in many large districts and populous towns a case has not been known for a quarter of a century. Will it be believed that there is a community, or even an individual in the civilized world, that has not learned by what means perfect immunity may be obtained from this great destroyer! And yet it seems of a truth that in this sixty-first year of vaccination there is a town in Christendom, whose authorities have resorted to the primitive method of frightening people away from the unfortunate sick, as the only means of staying the progress of the disease. The following note appeared, during the last week, in one of our morning papers:—

SMALL-POX.—The Jersey City Common Council on Tuesday night directed that printed boards, with the words "Small-Pox Here," should be placed upon all dwellings where this disease exists.

Jersey has been facetiously called a foreign state, owing to her backwardness in all improvements; but if this action of her authorities is a criterion of the general intelligence of the people, she may be safely ranked among the semi-civilized nations of the world. We suspect, however, that this is purely an act of the Common Council, as it is fully up to the level of the intelligence which characterizes the acts of such bodies the world over. We shall venture to communicate to the Common Council of Jersey City an item of scientific intelligence which, though more than half a century old, will doubtless have all the novelty of a last night's murder.

If, on the approach of small-pox to a populous town, the authorities would secure the services of several reliable physicians, and have thorough vaccination practised, the inhabitants of that town would enjoy perfect exemption from the disease.

By this means, and at less expense than to bury half-a-dozen of their dead poor in Potter's field, Jersey City could have been made as exempt from small-pox as though that disease had never existed in twenty-four hours.

A CORRESPONDENT of the London *Lancet*, attached to the army of Garibaldi, writing from Messina, Aug. 17, says:—

Pray draw attention to the fact that we are much in want of quinine, instruments, shirts, towels, linen of every description, pillows, etc., for we are in a desperate state of need. I wrote that we are losing two per day, but it is rising very rapidly; and the poor volunteers are packed like herrings in the hospitals, or rather in holes of stench and filth, without pillows, sheets, or anything. We are setting out upon a campaign without an ounce of quinine, in a marshy district, and without a sharp knife.

These appeals to the medical profession of England have found repeated and liberal responses in the transmission of material aid. We are not aware that the medical profession of this country have contributed anything, as a body,

to the aid of Italian independence, and yet the great body of American physicians, in common with their fellow citizens, must keenly sympathize with the efforts that are being made to secure that object. In the present emergency they are called upon to give tangible expression to that sympathy. We could wish that the medical profession of this city would initiate a movement by which their brethren throughout the country could contribute towards the relief of the sick and suffering soldiers in the army of Garibaldi. There is an Italian committee of the Garibaldi fund in this city which would aid in carrying out the object of such a movement.

A correspondent of the *Boston Medical and Surgical Journal* furnishes the following translation from "the Journal of the Proceedings of the Imperial Society of Physicians at Vienna, of which PROF. ROKITANSKY is President, and which is read in every city of Europe." The letter is dated Erie, Penn., N. America, 5 May, 1860, and is characterized by the same ignorance and low-breeding as the letter which appeared in the *Journal of Medicine*, some months back, translated from a leading German periodical:

"Sixteen years ago there came a barber here, Carl Brandes by name. At first he starved, then inoculated an English lady with the small-pox, was sentenced to a fine of 1800 dollars, escaped to California, returned with a heap of gold, paid the trifle, and is now allowed to be the richest and most skilful doctor here, although he has no knowledge of percussion, auscultation, and many other things. As a specimen of his knowledge, he still treats scabies by internal remedies. Besides him, there flourished here, last October, twenty-four other doctors, at which time I arrived here, and began my Vienna practice with much success. The inhabitants of the city are two-thirds Germans; the other third consists of Yankees, Indians, and Negroes, the latter being mostly fugitives from the Slave States. Day before yesterday I delivered a 14-year old negro girl, and to-morrow the family, consisting of sixteen souls, departs for Liberia, where each one will receive one hundred acres of land. German physicians make money here very fast, if they understand their 'business' and English. Each one has his own medicines, for a knowledge of which I am indebted to Herr Dr. Prof. Schroff, and Herr Apothecary Endlicher at the St. Ulrich, of Vienna. Our midwives here are a combination of ignorance and stupidity; the Yankee doctors, however, surpass everything in trickery and activity, for as soon as one of them has been guilty of anything extraordinarily outrageous, away he runs. More than one hundred patent medicines are puffed in the newspapers, and sold here. A great business is done by the sellers of worm-medicines, which is due to the frequent occurrence of worm-diseases here, where it is no rarity for a child to carry about with itself twenty to twenty-six ascarides lumbricoides half a foot long. For an ounce of santaline I am obliged to pay one dollar. The oculists generally travel about the country, and shortly since an individual by the name of 'Charles von Heintye,' from Berlin, arrived here with a little electrical apparatus from Buffalo, where he had studied with Prof. Griswold, who five years ago was working upon a railroad. In Buffalo street one may read 'R. Stoll—Deutscher Dogter.' This man was formerly a shepherd in Meiningen, and has certainly forwaded more into the land of the hereafter than ever the world-renowned old Anton of the Leichenhaus at Vienna saw dissections. He possesses the seventh book of Moses, looks at the urine, and gives, generally, three bottles of medicine at once. He loves me no better than German orthography; for, by way of a joke, I sent him the urine of my Tom. He examined it, and said, 'This man is very sick;' while that very day the good horse had gone with me to Waterford and back, a distance of thirty miles.

Since then the 'Deutscher Dogter' drinks more whiskey than ever. A month ago I became acquainted with the great Indian Doctor Jakson, who used to be a clerk in a store, and now wears a beard like the Zouaves, whose personal acquaintance I was obliged to make last summer in Italy. At every place he changes his name and dress, like a chameleon. He had given two ounces of the tincture of belladonna to a phthisical patient, and you may well imagine with what symptoms the miserable man came to his end. When I was summoned, and called the 'Indian' to account, he drew a revolver, so that I was obliged to call for help to escape, and to put him out of the house. Since then, he is no more seen in our city. In Rochester, a quack by the name of Hang delivered a child with a rope. The head was torn from the body, and Dr. Hang now sits in prison. He confesses, indeed, that he never studied, but says he learned a good deal from books. Last week there came to me a farmer from Fairview. It was a real 'clinical' case of ozena syphilitica. The 'most skilful' doctor here had prescribed for him all sorts of snuff for two years, till finally his nose fell in like a tent in a storm. No one suspected syphilis. A Dr. Leichmann, of M., gave forty-five grains of calomel in pneumonia, a short time since. This communication will perhaps interest Oppolzer and Skoda. The patient, who took this dose three times, recovered, to be sure, but lost all his teeth. Setons and issues I found here upon the most delicate ladies, and every respectable patient wears blisters of all sorts. On the other hand, no leeches are used. I impart these facts for the edification of the German medical world, and stand responsible for every word."

We are informed that the statement from which we gathered the facts in regard to the troubles in the MEDICAL COLLEGE OF OHIO, was entirely ex-parte; that Prof. BLACKMAN was sustained by both Boards of Trustees, being re-appointed to the Chair of Surgery by each; and finally that the present organization of the Faculty is considered the strongest that has existed for several years.

Reviews.

A PRACTICAL TREATISE ON THE DISEASES OF THE LUNGS, INCLUDING THE PRINCIPLES OF PHYSICAL DIAGNOSIS. By W. H. WALSH, M.D. A new American from the third revised and much enlarged English edition. BLANCHARD & LEA, 1860.

The booksellers rate this work at a high figure because it has sold well. We would not undervalue this sort of mercantile success which conveys to the author, in addition to the *aliquantum ad rem*, the flattering assurance that the public finds his labors useful. This hungry public is not fastidious. It does not care to pay for elegance or novelty, but it wants a great deal for its money, and demands that the whole amount of pabulum should be solid and nutritious, and in such form that it can be bolted in haste, assimilated and made ready for use in the shape of practical knowledge of the last fact out before the next steamer can arrive to contradict it. This book is just the thing for Dr. Busypill to cram, standing with his hat on in the restaurant of Messrs. Bibliopole and Hungerbit. At this late day, the critic's occupation is gone; not for him now is the pleasing office of bespeaking interest or predicting success. Success is an accomplished fact. Were it necessary, the reviewer might easily consider it, from an historical point of view, and venture to explain by what excellent peculiarities this treatise has achieved popularity while the labors of other

painstaking patient writers have been overlooked or forgotten. But this is not our purpose.

Those who have read the book, know that much of the literature of the subject of auscultation has passed under the eye of Dr. Walshe, and that he has judiciously selected and clearly arranged his materials. They have noted this by dividing the four hundred and fifty-eight pages of his book into nearly two thousand numbered paragraphs. He has indexed the whole subject so precisely that what is wanted can be found as readily as the author's name in the Medical Register. We do not doubt that they have appreciated the soundness of the doctrine which bases therapeutics upon something else than the apparent morbid anatomy—which takes into account the diathesis, the essence of the malady—which does not regard bronchitis as defined when stated to be an inflammation of the mucous membrane which lines the bronchial tubes [vide pp. 182, etc.]. We have never seen men who would pronounce the pustules of variola and those produced by an inunction of antimonial unguent to be specimens of pathological anatomy belonging to the same family, but we have known many to write and talk of the pneumonic inflammations as if they were all identical. This Dr. Walshe does not do.

We were glad to see that he had read with satisfaction Dr. Austin Flint's excellent books, and sorry to see that he considers as valid some hyperthetical objections to Dr. Cammann's binauricular stethoscope which clearly, the context shows, he has never tried to make use of. To those who have never seen the book at all we say, if there be any thing which you want appertaining to a treatise on the diseases of the lungs, and cannot find elsewhere, you may look for it with confidence in the work now before us—for this includes notices more or less compact of all the ordinary topics and more besides, such as cirrhosis of the lung—treatment by the compressed air-bath, the effects of the different climates, choice of residence, etc. In short Dr. Walshe's Treatise on the Diseases of the Lungs is a book eminently fit for counsel to the young; and as a book of reference for the experienced, has not been excelled.

C. F. H.

THERE are 12 city brokers in London, expressly devoted to tobacco sales; 90 manufacturers, 1,569 tobacco shops, 7,380 workmen engaged in the different branches of the business, and no less than 252,043 tobacco shops in the United Kingdom. And if we turn to the continent, the consumption and expenditure assume proportions perfectly gigantic. In France much more is consumed, in proportion to the population, than in England. The emperor clears 100,000,000 francs annually by the government monopoly. In the city of Hamburg 40,000 cigars are consumed daily, although the population is not much over 150,000; 10,000 persons, many of them women and children, are engaged in their manufacture; 150,000,000 of cigars are supplied annually; a printing press is entirely occupied in printing labels for the boxes of cigars, etc., and the business employs £400,000,000 or \$20,000,000. In Denmark the annual consumption reaches the enormous average of 70 oz. per head of the whole population; and in Belgium even more—to 73 oz., or 3.6 lbs. per head. It is calculated that the entire world of smokers, snuffers, and chewers consume 2,000,000 of tons of tobacco annually, or 4,480,000,000 lbs. weight—as much in tonnage as the corn consumed by 10,000,000 Englishmen, and actually at a cost sufficient to pay for all the bread corn in Great Britain. Five and a half millions of acres are occupied in its growth, the produce of which, at two pence per pound, would yield £37,000,000 sterling, or \$185,000,000.

Progress of Medical Science.

MATERIA MEDICA AND PHARMACY.

By EDWARD R. SQUIBB, M.D., OF BROOKLYN.

Malpractice.—"If the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind, and all the worse for the fishes."

If all the wit thus used could be sunk to the bottom of the sea, it might be all the better for mankind, though none the worse for the fishes, because the fishes would be likely to decline the wit, though good, as being improperly applied to their cases. Let those who fail to discriminate between uses and abuses be impartially tried; and let it be remembered in evidence, that wit, equally with ignorance and arrogance, may obtain currency as wisdom, whilst the proverbial protency of wit places it far beyond the others in influence for good or evil.

Iodide of Iron and Cod-liver Oil.—M. Gille, a Pharmacist of Paris, some time ago established the fact that iodide of iron was soluble in fatty matters, and M. Devergie, of the Medical Staff of the Hospital Saint Louis, has more recently published a formula for its solution in cod-liver oil. (See *Repertoire de Pharmacie* for 1860, t. xvii. f. 29.) This, however, is a new preparation of fixed ratio between the constituents, and aspires to the rank of a new remedy under a new and complex name. The remedies being both old, and their association in the same cases not new at all, the only fact now to be learned is that physicians may dissolve the iodide in any desired proportion in the cod-liver oil, and may thus conveniently give them together by extemporaneous prescription, free from the semi-quackery of fanciful bottles, gilt labels, etc. The educated pharmacist who puts up such prescriptions will of course know, that the solution must be either filtered or poured off from the small sediment of sesquioxide of iron constantly found even in well prepared dry iodide of iron.

Cultivation of Cinchona in Java.—It appears from recent statements in Holland that not only does the cinchona tree grow and flourish in the island of Java, but that the bark of these trees really yields some four per cent. of cinchona alkaloids. Whether this yield be the result of a single select specimen, or of an average bark product, Dr. Debrij does not mention. Neither does he give the proportion that quinia bears in this four per cent. of alkaloids. Assuming the statements to be practically accurate, there can now be but little doubt that Holland will soon open a new source for this valuable product, and add much to the facilities for obtaining good salts of quinia.

The Imperial Society of Zoological Acclimation of France now offers a prize of 1500 francs for a successful attempt to acclimate the cinchona tree in France or in any of the mountains of central Europe.

Anæsthetics.—The *Gazette Medicale de Lyons* states, that after devoting two sessions to the important subject of anæsthetics, the Imperial Society of Medicine of Lyons arrives at the following unanimous conclusions.

That ether employed to procure surgical anæsthesia is less dangerous than chloroform.

That the anæsthesia obtained by ether is as complete and as constant as that by chloroform.

That if there be inconveniences attendant upon the use of ether that are not encountered in the same degree by the use of chloroform, these are of but little importance, and do not compensate the increased danger inherent to the chloroform. That in consequence ether should in general be preferred to chloroform. An additional motion that by vote of the Society a charge of presumptive imprudence should rest against any one who, in future, should use chloroform when he might have used ether, was lost.

Stramonium a Remedy for Hydrophobia.—Bouchardat mentions (*Repertoire de Pharmacie*, t. xvii. f. 86) on the

authority of Père Lagrand, one of the oldest and most venerable of the missionaries to Tonquin and Cochinchina, that a decoction of a handful of stramonium, given at once, has been successfully used in the treatment of hydrophobia in these countries. It is said to produce a short but violent access of the disease, after which the patient gets well in twenty-four hours. M. Bouchardat thinks this indefinite practice hazardous, and would prefer the measured administration of atropia by the hypodermic method.

Potassa Chloras.—In a paper read before a section of the National Medical Association of New Haven, Dr. Fountain, of Iowa, advocated the use of Chlorate of Potassa upon both theoretical and practical grounds; supposing that it furnished oxygen in a nascent and most active condition in tuberculosis and in all other diseases of obstructed respiratory process. His idea appears to be that want of proper oxidation of the blood in the lungs is the chief cause of the progress of tubercular phthisis beyond a certain point, and that the deficient proportion of oxygen may be furnished through the agency of this salt. The chemical objections to this theory are, that chlorate of potassa is not likely to furnish oxygen under the action of any known chemical law, within the living economy. If decomposed at all, it is not probable that nascent oxygen and chlorate of potassium are the results. As actual practice, however, must decide upon the value of the suggestions of theoretical reasoning, it is to experience alone that such points can be legitimately referred. There appears to be good reason to believe that the administration of chlorate of potassa in the cyanosis met with in the last stages of fatal pneumonia, and in the same condition wherever met with, wherein suffocation appears to be imminent through want of proper aeration of the blood, is often so useful that its effect cannot be mistaken. But its rank as a remedy in phthisis is by no means so well established. Dr. H. S. Smith, of Brooklyn, following up the suggestions of Dr. Fountain, has applied it in a few cases of incipient but confirmed tubercular phthisis, wherein the diagnosis was simple and easy, and the symptoms characteristic and prominent. In all the cases the disease was progressing steadily, but neither of them had reached the stage of softening. Each patient took half an ounce of good chlorate of potassa every twenty-four hours, one during a period of four weeks, and three for nearly three weeks each. The salt soon produced a disgust and loathing of it in all the cases, and this increased to the extent of apparently impairing the appetite for food. Beyond this no other effect of the remedy could be detected, either good or bad, by any ordinary mode of observation.

Liquor Ferri Persulphatis.—This chemically imperfect persulphate of iron, introduced as a new remedy by Monsel of Bordeaux, has recently had some important new applications which add to its character as a most useful astringent and styptic. Its chief point of value appears to be the absence of corrosive caustic, or even irritant effect in application, and in this it prominently differs from all the other powerful astringents and styptics; whilst its power of coagulating and radically changing the animal fluids, and of constringing and condensing the animal tissues, is equal to if not beyond that of any other agent hitherto applied for such purposes. The late Dr. Isaacs used a dilute solution successfully, by injection, in two very obstinate cases of gleet, after all ordinary modes of treatment had failed. It succeeded in six weeks, after an unsuccessful though well directed treatment of many months. Dr. A. N. Bell, of Brooklyn, used it to arrest the hemorrhage after operation for fistula in ano, and availed himself of the adherent coagulum formed to separate the incised surface during cicatrization. It subserved the purposes of the ordinary pledget of lint conveniently and well, and avoided the usual displacement and renewal consequent upon the use of lint. Dr. H. S. Smith, of Brooklyn, used it by injection to an external incomplete fistula in ano, with the effect of a solid cicatrization of the walls after a single application. He also used it, but without success, as an hæmostatic in a case of hemorrhage from the gums after the extraction of a num-

ber of teeth. Dr. Hamilton, of Brooklyn, used a dilute solution as an application to weak, flabby granulations, with the same success that attended the application of solution of nitrate of silver in the same case.

PHYSIOLOGY AND HISTOLOGY.

By WM. H. THOMSON, M.D.

1. *Animal Electricity*.—M. Matteucci, one of the most distinguished names in electrical science, in a memoir presented at the sitting of the French Academy, Aug. 6, 1860, relates some interesting experiments on the electro-motor power of the organ of the torpedo, which prove that this power, sufficient to produce a constant current which will keep the needle of the galvanometer deflected from twenty to thirty hours, exists independent of the action of the nervous system. Two torpedoes, which had been kept in sea water for fifteen hours after they were caught, were placed in a tin box, which was then deposited in the midst of a large block of ice. Every two days the box was taken out to test the electro-motor power of the organ. After two days the deviation of the needle was almost as great as in a living torpedo. After four days it yet gave a constant deviation of from 50° to 60° , and it was not until after eight days that it was reduced to 5° or 6° , and then the course of the current was the same as at the beginning, which is also that of the instantaneous discharge. By another experiment, M. Matteucci proves also that the electro-motor power augments, and that this augmentation persists during a certain length of time by exercising the organ. Two pieces of the electric organ, of the same size and from the same fish, were placed together, so that the dorsal surfaces lay in contact. If then one of the pieces be pricked with a pin, or better, one of the small nervous filaments of this piece be struck with the end of a pair of scissors, it will afterwards be found, on completing the galvanic circle between the two pieces, that their currents are not equal, but that the one which has been excited, has acquired an electro-motor power much stronger than the other, which lasts for a certain length of time. A fact analogous to this he has found in the electro-motor power of muscles, but there are several contrasts in this function in muscles, and in the electric organ of the torpedo. In the former there are set up active chemical processes which charge the substance itself of the muscle, and the composition of whatever gaseous medium it is in, while, at the same time, heat and mechanical force are produced; but in the electric organ he has proved, by the most delicate tests, that no heat is disengaged nor is any chemical change effected in anything during the period of its activity.

2. *Chemical Researches on the Functions of the Liver and Pancreas*.—During the same sitting of the Academy M. De Luca reported the result of his analysis of a portion of liver, and certain fatty matters found in the right heart and vena cava inferior of a patient who had died with an atrophied pancreas. From the liver both glucose and glycogenic matter, in all respects the same as found by M. A. Bernard, were obtained, clearly establishing that the disease of the pancreas had not sensibly modified the glycogenic function of the liver. The fatty matters, on examination, showed no evidence of free fatty acids, or of having been saponified or otherwise chemically decomposed. This want of being acted upon could, from what precedes, be only attributed to the disease of the pancreas, M. Bernard, as is well known, having shown that in the normal state the pancreatic juice has the property of decomposing fats.

3. The subject of the *Reproduction of Bone* continues to attract the attention of physiologists, which it is well calculated to do from its important practical bearings. M. Flourens presented a paper for M. Borgnet to the Academy, detailing the results of resections performed on three patients, in which not only repair, but reproduction of bone to a considerable extent, had occurred. One of the cases

was a comminuted fracture of the upper third of the humerus, complicated with a penetrating wound, in which the bone was reduced to a great number of irregular, angular fragments. The seat of the fracture was largely laid open, and the fragments removed, leaving the periosteum in its place, and then the whole was treated as a simple incised wound. Instead of the bone removed a soft and fibro-cartilaginous tumor was formed, which at a much later period became osseous. This new bone was shorter by two centimetres, but more voluminous and protuberant than the portion it replaced, but the movements of the shoulder were free in every direction, and the patient had perfect command over his arm. Another case was a resection of a portion of the clavicle for caries, including eight centimetres of the length of the bone, which was reproduced to the extent of five centimetres. Examined ten years after the operation, the new bone was harder, shorter, and thicker, and a little more irregular than the old bone, but was continuous without any apparent line or demarcation with either the original acromial or sternal fragments. M. Borgnet maintains that to judge rightly of the results of such operations, they should be examined a long time after the cure, and he suggests whether the chain saw may not be used to detach the periosteum from the deep surface of the bone, where it is impossible to resort to other instruments.—(*Gaz. des Hôpitaux*, Aug. 14.)

M. Ollier continues his researches on this subject, and in the last number of the *Journal de la Physiologie*, Jan. 1860, he gives a very interesting account of his experiments on *Transplantation of Bone*. In the number for August 4, we have given an account of his experiments on transplantation of periosteum, but his success is no less marked in these cases also in which he has transplanted, 1. Bone taken from a living animal and placed in the midst of the tissues of an animal of the same species. 2. Bone taken from an animal dead for a certain length of time (in some cases for an hour and a quarter after death), and placed in the midst of the tissues of an animal of the same species; and 3. Bone taken from a living animal and placed in the tissues of an animal of a different species. The presence and integrity of the periosteum was the main condition requisite for the success of the experiment.

4. *Influence of the Nerves on the Color of the Venous Blood*.—In a communication to Du Bois-Raymond, H. Meyer mentions some experiments which show the influence of nervous action on the color of the venous blood. After section of the ischiotic nerve, the blood from a cutaneous vein in the neighborhood was at first still dark, but a few minutes later it issued with a bright red color, and continued to do so even after seven days. An analogous result was obtained from six other similar experiments. He states that as early as 1820, Krimer stated as the results of his experiments "that the bright red blood of the arteries passes as such into the veins, without becoming, during its passage in the veins, dark red, as soon as it is, by means of section or destruction of the nerves, deprived of the influence of the latter." These observations gain at present in interest through Bernard's discovery regarding their varieties in the color of venous blood of glandular organs, according to their condition of activity or rest.—*Brit. Med.-Chir. Rev.*, July, 1860.

5. *Effects of Artificial Watery Blood*.—In *Virchow's Archives*, vol. xvii., M. Hermann relates some experiments of watery injections into the jugulars of dogs, to test the researches of Kierulf, who found that this caused at first albumen and then blood to appear in the urine. Hermann found that by very great dilution albumen and hematin appeared in the urine simultaneously, whence he concludes that the albumen proceeds not from the serum, but from the blood globulin. Another interesting fact, serving to corroborate the suspected relationship of bile and blood pigments, was that biliary pigment always appeared in the urine after dilution of the blood, and also always preceded the hematin. The multiplication of facts of this kind affords grounds for hoping that before long the true relations of the

liver to the history of the red corpuscles will be cleared up. Some features of the pathology of purpura hemorrhagica, as also of anaemia mercurialis on the other hand, have long suggested an important modifying function in the liver upon the corpuscular elements of the blood, which we can hardly believe, with some physiologists, is restricted to the destruction and breaking up of worn out red disks.

Reports of Societies.

AMERICAN PHARMACEUTICAL ASSOCIATION.

The ninth annual meeting of the American Pharmaceutical Association was held at the University Buildings in the city of New York.

In accordance with the previous adjournment, the meeting was called to order at three o'clock p.m., Sept. 11th, by the President, Samuel Colcord, of Boston.

A Committee on Credentials was appointed, consisting of Mr. Gordon of Cincinnati, Maisch of Philadelphia, and Coddington of New York, who reported upon the several delegations, and afterwards read a list of persons who had been elected since the last meeting, and also offered the names of several as candidates for membership.

Messrs. Prestreux, Green, Maisch, Block, Gordon, Proctor, Squibb, and Tufts, were appointed as a committee to nominate officers for the ensuing year.

The report of the Executive Committee was next read by the Chairman, Charles T. Carney, of Boston.—Adopted. The Committee on Home Adulterations offered their report, which was also adopted.

Mr. JOHN MEAKIM, of New York, offered the following:

Resolved—That a Business Committee be appointed to take charge of any recommendations or unfinished business, and offer suitable resolutions for the Association.

The President then read his annual address, in which were embodied many very useful suggestions relating to the future prosperity of the Association. It was listened to with marked attention by all present, and at its conclusion elicited applause.

The Association then adjourned until nine o'clock Wednesday morning.

SECOND DAY.—WEDNESDAY, SEPT. 12.

The meeting was called to order by the President; after which the minutes of the previous meeting were read and approved.

The Committee on Nominations offered the following report, which was unanimously adopted:

For President, Henry T. Kiersted, of New York. Vice-Presidents, Wm. J. M. Gordon, of Cincinnati; Wm. S. Thompson, Balt., Md.; Theodore Metcalf, Boston. Recording Secretary, James T. Shinn, Philadelphia. Corresponding Secretary, P. Wendover, Bedford, N.Y. Treasurer, Henry Haviland, of Boston. Executive Committee, Wm. Proctor, jun., of Philadelphia; Charles A. Tufts, N.H.; James Balmer, Boston; Geo. W. Weyman, Pa.; James T. Shinn, Philadelphia. Committee on Progress of Pharmacy, John M. Maisch, Philadelphia; Charles T. Carney, Boston; Edward S. Wayne, Cincinnati; John Meakim, N. Y.

The President elect being absent, the First Vice-President, Mr. Gordon, took the chair.

On motion of Mr. Meakim, the following resolution was adopted:

Resolved—That invitations be tendered to Edward Delafield, President of the College of Physicians and Surgeons; John W. Draper, President of the University Medical College; John Watson, President of the Academy of Medicine; and the Honorary Members of the Association; the Professors and ex-Professors of the College of Pharmacy; the Members of the Academy of Medicine; N. Y. Pathological Society; and the N. Y. County Medical Society, be invited to attend the sittings of the Convention.

On motion of Mr. Weigand, the thanks of the Associa-

tion were voted to the President and active officers of the Association, for the able manner in which they had discharged their duties during the past year.

Prof. PROCTOR next offered a resolution to the effect, that a committee of five be appointed to prepare a list of questions to be answered by the various members next year. Messrs. Weigand, Green, Tufts, and John, were appointed on that committee.

Some of the questions proposed at the last meeting of the Association were then answered by various members; after which the meeting adjourned until three o'clock in the afternoon.

AFTERNOON SESSION.

The meeting was called to order by the First Vice-President. The Business Committee called up the following resolution, which had been laid on the table at the previous meeting:

Resolved—That a change in the constitutional provision as to the eligibility to membership introduced in the address of the retiring President, and since reported on by the committee to whom the address was referred, be referred to the meeting of next year.

Mr. PARRISH spoke in favor of the resolution, maintaining that it would be greatly to the interest of the Association to have an increase in the number of members; the annual income would then be greater, thus affording an opportunity for having a central office and salaried officer, who should devote his time to the interests of the body; then, again, the influence of numbers would be great when the Association demanded any legislative action in its behalf.

Dr. SQUIBB thought that the establishment of a third order of members would be productive of a great deal of harm, and that, instead of increasing the influence of the body in reference to numbers, by the admission into its ranks of eclectics, homeopaths, etc., the exact opposite would be the case. He was in favor, however, of referring the matter to a committee to report upon.

Mr. PARRISH did not wish to be understood as not insisting upon the qualifications for membership; they were, in his opinion, of primary importance. He was, however, in favor of enlisting in the organization every reputable apothecary throughout the country. In conclusion, he offered a resolution that a committee of five be appointed to mature the proposition, and report at the next meeting of the Association. The resolution was lost.

The Business Committee offered the following resolution, having reference to a suggestion in President Colcord's address:

Resolved—That a proper member be appointed to prepare a copious index of the entire Proceedings of the Association, including the volume of the present session, and present the result of his labors at the next session, for publication in the tenth volume; that a full set of the Proceedings be placed at the disposal of such a member, to be retained by him after the labor shall have been performed.

The resolution being adopted, the Chair appointed Mr. Thos. S. Weigand for that purpose.

Mr. STEARNS thought that the artistic execution of the certificate for membership was not what it ought to be, and suggested the propriety of changing its form. He then offered a resolution to that effect:

Resolved—That as the certificate of membership of this Association is not considered appropriate in point of artistic execution, a committee of three be appointed by the chair to invite designs from artists for the purpose, said committee being instructed to draw upon the treasury for a sum not exceeding \$50, to pay the necessary expenses; and report results at the next meeting.

Mr. COLCORD did not think that any action was called for in the matter, that it would be time enough to act upon such a resolution when the Association should find it necessary to grant diplomas of qualifications to those who chose to compete for them. He was of the opinion that this would be the case in two or three years.

Dr. SQUIBB heartily approved of the suggestion of Mr. Colcord.

After a little discussion as to the propriety of adopting the resolution, on motion of Mr. Colcord, it was laid upon the table.

The reading of answers to queries was then resumed, occupying the remainder of the time up to one o'clock, the hour of adjournment.

THIRD DAY.—THURSDAY.

The meeting was called to order by the President elect, Mr. Kiersted, who made a short and appropriate address. The most part of the morning and afternoon session was taken up in answers to the queries of last year.

The time and place at which the next meeting should be held was discussed, when it was finally agreed that the Association should convene at St. Louis on the fourth Wednesday in August, 1861. And in connexion with that subject, Mr. Stearns offered the following:

RESOLVED—That a committee of nine members be appointed to correspond with the leading pharmacologists of the western cities, inviting their attendance at the next annual meeting at St. Louis, and if practicable to organize an excursion party to start from the Atlantic cities for the same purpose.

The resolution having been adopted, the chair appointed the following gentlemen as members of that committee:—Messrs. Colcord, Boston; Meakim, New York; Parrish, Philadelphia; Stearns, Detroit; Gale, Chicago; Gordon, Cincinnati; Weyman, Pittsburgh; Thompson, Sumpter, S. C.; and Peabody, Buffalo, N. Y.

Mr. STEARNS also offered a resolution as follows, which was adopted:—

RESOLVED—That the Association will not accept any report or scientific paper written by a member or contributed by any person not a member which has been previously printed and distributed.

The meeting adjourned until 9½ A.M. on Friday.

FOURTH DAY.—FRIDAY.

DISCUSSION ON NEW LAW FOR REGULATING THE SALE OF POISONS.

The meeting was called to order by the President, the minutes were read, and on motion adopted.

Mr. HENRY N. FISH of Conn. read a paper upon the life and character of Cavendish—referring to the parentage and education of the distinguished chemist and discoverer; giving interesting anecdotes of his eccentricities, antipathies, etc., and closing with a review of his religious opinions.

The Business Committee then offered the following preamble and resolution based upon a recommendation in the President's address:—

WHEREAS—The subject of legal restraint for controlling the sale of poisons is at present much agitated in some states of the Union, and appears to be attracting unusual attention; and whereas this Association has always regarded this important subject as one of the reforms most desirable between pharmacologists and the public; and whereas several bills have been enacted and proposed for the purpose of effecting the desired object, neither of which entirely meets the approval of this body, therefore—

RESOLVED—That the judgment of this Association be now had upon the subject, and that thereon a committee of three be appointed to mature a plan by which the objects may appear to be best attainable, that committee to report at the next session of the Association.

Dr. GUTHRIE remarked that the question was one which should be approached with a great deal of care, and with a determination to do something besides empty talking. All the laws that had thus far been enacted for controlling the sale of poisons were inefficient, from the fact that they began at the wrong end. One objectionable provision to his mind was that which empowered any pharmacist to dispense poisons upon the recommendation of a *regular physician*. He was not aware of any means by which such a regular practitioner could be vouched for, if he was not known to the apothecary. No man should necessarily be called a physician who could write a dove-tailed R at the head of his directions, and sign his name as M.D. at the end. It was important, then, to determine who was the *regular physician*, and equally important to decide who was the competent apothecary. He also maintained that no man should sell poisons unless he was duly licensed to do so, either by a certificate from some college of pharmacy, from the American Pharmaceutical Association, or from one or two respectable practitioners of medicine in the city or village in which he resided, and that the evidence of such an ability should be displayed in a conspicuous place

in his store. The whole object of this was simply that the apothecary, when he comes to deal out poisonous doses, shall feel that he has a responsibility to bear, and is to answer to some one for the manner in which it should be done. He thought that the adoption of some such measure would be the first step in the right direction.

Mr. CODDINGTON did not suppose that any restrictions upon the sale of poisons would do away with the tendency to commit suicide; but, on the contrary, the provisions of the law were such that any person could purchase poison by the wholesale, and thus, if necessary, always have it at hand in the house to help themselves out of the world, when their determination for so doing should be sufficiently strong. Again, by keeping poisons in such quantities around the house they might very often be used by mistake for culinary purposes. Even if the difficulties of procuring poisons were much greater, it would then only become with the suicide a choice of means.

Medical News.

ARMY MEDICAL INTELLIGENCE.

ABBOTT.—The leave of absence heretofore granted to Assistant Surgeon R. V. Abbott has been extended until December 1, 1860, with permission to leave the Department of Texas.

FOARD.—Leave of absence for four months has been granted to Assistant Surgeon A. J. Foard, Medical Department.

McKEE.—Assistant Surgeon J. C. McKee, Medical Department U. S. A., will proceed, without delay, to Fort Craig, and report for field service to Major R. C. Gatlin, Seventh U. S. Infantry.

VANSANT.—Assistant Surgeon J. Vansant, Medical Department, has been assigned to temporary duty at Fort Dalles, Oregon.

NAVY INTELLIGENCE.

CHARLTON.—Assistant Surgeon Thos. J. Charlton has been ordered to the Naval Hospital, Chelsea.

GARNETT AND KENNEDY.—Assistant Surgeon A. S. Garnett has been detached from the Navy Yard at Washington, and ordered to proceed by steamer of 5th October from New York to Key West, and report for duty on board the United States steamer Wyandotte, as the relief of Assistant Surgeon Stewart Kennedy.

RUSCHENBERGER.—Surgeon W. S. W. Ruschenberger has been ordered to proceed to Norfolk, to report for duty on board the steam sloop Richmond.

SANFORD AND SHELTON.—Assistant Surgeon J. W. Sanford, jr., has been ordered to proceed to Key West by steamer of 5th of October, to relieve Assistant Surgeon H. L. Sheldon, of the U. S. steamer Crusader.

REDUCE the death rate of New York to the death rate of Paris, and you will save 4,000 lives annually. Reduce the death rate of New York to the death rate of London, with a population thrice as great, and you will save 9,000 human lives every year. Make New York as healthy as it was fifty years ago, and you will save more than 11,000 human lives every year. And if you raise the health of New York to the standard proposed by the English General Board of Health and of the Registrar General, you will save annually nearly 15,000 lives.—*Robbins*.

TOOTHPICKS AND THEIR IMPORTATION.—Where do the toothpicks come from? It is supposed that the Yankee, when he first felt the necessity of cutting a stick of timber in order to provide himself with a toothpick, gained the knowledge of whittling, and has since kept and improved upon the lesson. A New Englander will produce a toothpick with his knife from almost everything except a bar of iron, but with all his inventive genius it has remained for the natives of Chili to supply this toothpicking nation with

a large proportion of the instruments for gratifying their habit or necessity. The aged and decrepit and the young of both sexes of Chili are engaged in preparing those little orange sticks that one finds at every restaurant and hotel in the city and country. These they whittle out with astonishing rapidity, at the rate of five or six hundred in an hour. The sticks are then packed in bundles of a thousand each, and sent to this city; being imported expressly by a lady in Division street, whose son superintends their manufacture in Chili. Here the toothpicks are sold for twenty cents a thousand, and scattered all over the country—placed in the restaurants and hotels, and in the hands of every toothpicking Yankee in the Republic. To such an extent is this traffic carried, that the proprietors of the Astor House alone purchase eight or ten barrels of every importation, and retail them among the country hotels. A restaurant with a good run of custom will consume about twenty thousand toothpicks in three weeks.

EPIDEMIOLOGICAL RECORD.

DIPHTHERIA continues to prevail in some sections of Central New York. Dr. Geo. W. Bradford, of Homer, Cortland county, furnishes the following statistics of diphtheria occurring in his practice. "The first case appeared in May last—the total number to September 1st is fifty-two, of which eighteen were males and thirty-four females.

Under 1 year of age there were	2 cases.
Between 1 year and 5 years of age there were	9 "
" 5 and 10 "	16 "
" 10 " 15 "	5 "
" 15 " 20 "	8 "
" 20 " 30 "	6 "
" 30 " 40 "	4 "
" 40 " 60 "	1 "

Total, 52

This includes all that were attacked with the ordinary symptoms of diphtheria; of this number thirty-seven (37) had membranous deposition, and several of those patients who had not that symptom were among the most severe and difficult cases—suffering more pain and difficulty in deglutition than many who had abundant membranous exudation in their throats."

Dr. Caleb Green, who practises in the same district, writes that up to the present date he has treated forty cases of diphtheria. He states that his treatment has been the same as that of other physicians in that district, viz. "rubefacients steadily persevered in during the progress of the case, and immediately followed by the application of water fomentations to the throat, internally. Our main dependence is Tinct. Mur. Ferri, Quinia, and the Chlorate of Soda or Chlorate of Potassa."

TYPHOID FEVER is prevailing extensively, but strictly in a sporadic form, in various sections of the elevated districts of the southern tier of counties in this state.

DYSENTERY is prevalent in the same sections of country, and seems to be complicated with certain bilious and typhoid febrile conditions.

The cities and large villages of the state of New York are unusually free from febrile and diarrhoeal affections, abating *cholera infantum* in this city. The excellence and great abundance of the fruits of the season, and the comparative dryness of the atmosphere, are facts worthy of notice in connexion with this statement respecting the health of our cities; while in connexion with the foregoing record of diphtheria, dysentery and enteric fever in the region of high summit lands and elevated valleys, the notable fact of excessive humidity and an extreme diurnal range of temperature has been noted by observers there. The altitude of that district is from eleven hundred feet (in its valleys), to sixteen hundred feet above the level of the sea, and its natural drainage may be considered the most perfect of any section of this state.

CHOLERA is reported in Spain, and at Madras, in India.

TO CORRESPONDENTS.

Vaccine.—Good virus can always be obtained by addressing Dr. Loines, at the Eastern Dispensary, No. 67, Essex Street, corner of Grand.

Student.—The students' number will contain the information you require.

G. G. B.—We do not desire to engage in any quarrels, but simply to give current medical news derived from responsible sources.

E. C.—Your article on Rational Medicine I read with interest. It is appropriate and just. Although by no means so much disturbed by Dr. Holmes' address as some of my brethren, I regard his statements as false. It is therefore best that they should be shown to be so.

Italian.—You will find in the "Week" of this number the appeal alluded to.

M. D. B.—Cupping-glasses with elastic tops are manufactured by the American Hard Rubber Co., and are by far the best in use.

COMMUNICATIONS have been received from:—

Dr. JOHN G. JOHNSON; Prof. C. B. COVENTRY; Dr. CHARLES RYND; Dr. CHARLES H. RAWSON; Prof. GEO. C. BLACKMAN; Dr. CHARLES; Dr. SMITH, London; Dr. W. B. ATKINSON; Dr. CALVIN ELLIS; Dr. H. A. POTTER; Dr. JAMES C. ORTON; Dr. JOHN H. GRISCOM; Dr. VEDDER; Dr. BATCHELDER; Dr. TICE; Dr. ENGLISH; Dr. H. TOWNSEND; Dr. BRADFORD; Dr. LYMAN; Dr. JENKINS; Dr. CHISHOLM; Dr. R. D. BOBERT; Dr. HUBBARD; Dr. ZABRISKIE; Dr. REEICK; Mr. E. PARRISH; Mr. BERRINGTON; Dr. DUGES; Dr. W. H. FODLDS; Dr. E. W. MILLS; Dr. H. OLIVER; Dr. A. F. PATTEN; Prof. L. J. ROBERT; Dr. T. C. WALLACE; Dr. S. H. JACKMAN.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 15th day of September to the 22d day of September, 1860.

Deaths.—Men, 97; women, 88; boys, 156; girls, 139—total, 480. Adults, 155; youths, 17; children, 278; males, 253; females, 227; colored, 5. Infants under two years of age, 216. Among the causes of death we notice:—cholera-infantum, 49; infantile convulsions, 22; croup, 6; diarrhoea, 16; dysentery, 12; scarlet fever, 20; typhus and typhoid fevers, 11; measles, 6; small-pox, 4; dropsy of head, 12; infantile-morasmus, 49; nervous system, 88; respiratory, 131; digestive, 171.

SEPT.	Barometer.		Out-door Temperature.			Difference of dry and wet bulb. Therm.		General direction of Wind.	Mean amount of cloud.	Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
	Is.	Is.	°	°	°	°	°		0 to 10	Is.
16th.	30.07	.14	70	64	76	5	8	S.	6	
17th.	29.94	.12	69	65	76	4.5	10	S.W.	9.5	
18th.	30.00	.10	68	61	74	7	11	S.E.	1.8	
19th.	30.00	.10	72	65	80	3.5	8	S.E.	9.4	
20th.	29.80	.27	72	64	80	4	6	S.E.	9.9	} 2
21st.	29.90	.20	62	58	66	9	18	N.W.	4	
22d.	30.04	.13	64	54	67	9.5	14	S.W.	0	

MEDICAL DIARY OF THE WEEK.

Monday, Oct. 1.	{ CITY HOSPITAL, Surgery, Dr. Watson, half-past 1 P.M. BELLEVUE, Obstetrics, Dr. Barker, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, Oct. 2.	{ CITY HOSPITAL, Surgery, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. BELLEVUE HOSPITAL, Dr. Clark, half-past 1 P.M.
Wednesday, Oct. 3.	{ EYE INFIRMARY, Operations, 12 M. CITY HOSPITAL, Medicine, Dr. Bulkley, half-past 1 P.M. BELLEVUE, Surgery, Dr. Gouley, half-past 1 P.M. ACADEMY OF MEDICINE, 8 P.M.
Thursday, Oct. 4.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Surgery, Dr. Watson, half-past 1 P.M. BELLEVUE, Medicine, Dr. Macready, 12 M.
Friday, Oct. 5.	{ CITY HOSPITAL, Surgery, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, Oct. 6.	{ BELLEVUE, Surgery, Dr. Parker and Wood, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. CITY HOSPITAL, Medicine, Dr. Bulkley, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.

SPECIAL NOTICES.

NEW YORK SANITARY ASSOCIATION.—The committee appointed to investigate the case of poisoning reported by Dr. GRISCOM, will report at the next meeting. COMMITTEE:—DRS. S. R. PERCY, ROBERTS, and BATCHELDER.

COLLEGE OF PHYSICIANS AND SURGEONS.—Order of preliminary lectures remains unchanged.

UNIVERSITY MEDICAL COLLEGE.—On Monday, Oct. 1, the professors commence their preliminary lectures.

NEW YORK MEDICAL COLLEGE.—Order of preliminary lectures remains unchanged.

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 4. Marshall Hall's Ready Method in Asphyxia.
 5. Examples of Extemporaneous Prescriptions, and Abbreviations used in writing the same, together with the Latin terms and phrases, translated into English.
 6. A Register of Daily Practice designed for Thirty Patients, and a blank for each, for every day in the year; so that an account may be kept, with the greatest facility, of the number of visits made, of the medicines delivered, office practice, surgical and obstetrical cases, and the amount charged for the same, in a separate blank for each patient, at the close of each week.
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